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ABSTRACT

This final report discusses the activities and outcomes of the Portage Outreach Project, an early intervention project designed to meet the varied needs of state and local agencies around the country through the provision of highly acclaimed training addressing provision of early intervention services from an ecological perspective. The purpose of the project was to assist states, agencies, and local problems to develop and maintain high quality services for unserved and under-served children with disabilities and their families, particularly children birth to three years of age. Specifically, the project: (1) assisted state educational agencies and lead agencies in planning, developing, and implementing their comprehensive service plans for young children with disabilities and their families; (2) increased public and professional awareness of the need for early intervention; (3) provided in-depth training, ongoing follow-up, and mentoring to early interventionists; and (4) developed and disseminated materials to further the implementation of best practices of working with children and families. The project's activities affected over 1,800 personnel and 12,000 children. The report discusses the conceptual framework of the project, activities, evaluation findings, and the impact of the program. Appendices include evaluation and workshop materials. (CR)

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Portage Project Outreach

Portage Project of

Cooperative Educational Service Agency 5

FINAL REPORT

Early Education Program for Children with Disabilities

U.S. Department of Education

Grant Number: HO24D60050

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Portage Project Outreach
Final Report

Project Summary

The Portage Project proposes to meet the varied needs of state and local agencies throughout the country through the provision of highly acclaimed training addressing the provision of services from an ecological perspective. Technical assistance is provided on an extensive range of issues related to staff development, reflective professional guidance, mentoring and the dissemination of proven materials for working with children and families. All efforts focus on the full and effective partnership with families in the planning and implementation of services with special emphasis on programs serving children birth to three years of age.

The overall purpose of Portage Project Outreach activities is to assist states, agencies, and local programs to development and maintain high quality services for unserved and under-served children with disabilities and their families across a variety of settings and program options in the United States. This purpose will be accomplished by implementing the following goals:

1. To assist State Educational Agencies and designated Early Intervention Lead Agencies in planning, developing, and implementing their comprehensive service plan for young children with disabilities and their families.

2. To increase public and professional awareness of the need for early intervention, the importance of family centered services, and the obligation to provide services in the least restrictive/natural environment.

3. To provide in-depth training, ongoing follow up and mentoring to early interventionists in the Portage Family Centered Intervention Model as a means of improving services to children and families and helping states meet their personnel preparation objectives. These activities will be available at five satellite sites in New Jersey, New Mexico, Washington, Oregon, and Illinois and at the original project site in Portage, Wisconsin.

4. To develop and disseminate materials that further the implementation of best practices of working with children and families and assist in the training of early interventionists including educators, child care staff, related services staff, and health care providers.

Portage Outreach activities affected over 1800 personnel through intensive training, workshops and personnel preparation activities from a variety of agencies including State Education Agencies, Lead Agencies, public schools, day care centers, hospitals, universities, technical schools, Head Starts and Early Head Starts, tribal councils, developmental disabilities boards, private service agencies, institutions, and professional organizations. Attempts were made to reach those programs and populations who historically have had difficulties securing the necessary resources to serve children and families with special needs. The Portage Project has

been highly effective in working with multi-cultural populations such as Native Americans, bi-lingual populations, rural and urban poor, and economically disadvantaged urban families.

Over 12,000 children and families received services which have been improved and enhanced by training and support from the Portage Outreach Project. Additionally, this project expanded the cadre of professionals qualified to provide training in the Portage Family Centered Intervention Model by supporting the development of trainers in the field. Finally, a significant contribution was the dissemination of family centered assessments and curriculum planning tools to assist early interventionists and families in their efforts to promote and enhance the development of children with special needs.

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I. GOALS AND OBJECTIVES OF THE PROJECT

The following goals and objectives were cited in the Portage Project Outreach grant application. After each goal there is a description of how each goal was addressed during this grant period.

Goal 1. To assist State Educational Agencies and designated Early Intervention Lead Agencies in planning, developing, and implementing their comprehensive service plan for young children with disabilities and their families

Objective 1.1 Provide awareness materials describing project activities, best practices, selected model components, and training opportunities to Part C Coordinators, 619 Coordinators and local programs in all 50 states

Dissemination of materials occurred through the mediums of print, telecommunications and presentations. Awareness materials were mailed to Part C Coordinators, 619 Coordinators, and local programs expressing interest. Specifically, 26,886 brochures describing materials and training were mailed to Part C, 619, and local Coordinators since June of 1996. In addition, 4,806 flyers advertising onsite workshops have been mailed since January, 1997. Telecommunication efforts have included access to the Portage web site, direct e-mail contact to training and technical assistance staff, and the availability of teleconference participation. The web site which includes project publications, training events, articles, links, and information, has been visited over 3,500 times since January, 1997. (Web site: portageproject.org).

Requests for training and opportunities to provide more extensive awareness activities were cultivated in the five original regional training satellite states including Oregon, Washington, Illinois, New Jersey, and New Mexico as well as in Arizona and California. Additional requests for training were received from, Ohio, Pennsylvania, Louisiana, Wisconsin, Michigan, Florida, Indiana, Minnesota, Montana, West Virginia, Kansas, and Texas.

Objective 1.2 Coordinate with state agencies when providing training to local service providers in Portage Project Outreach components

When Portage Project staff receive a request for training, they inform appropriate Part C Coordinators and explored specific needs identified by the program site. State agencies in satellite states and other key training areas were systematically informed of training and technical supports offered by the Portage Project at their location. In addition, staff supported existing collaborations within states and encouraged new relationships between state and local agencies. Specifically, staff have worked with state agencies in Ohio, Wisconsin, Washington, New Jersey, New Mexico, Arizona, California, and Illinois.

Objective 1.3 Provide intensive training and follow-up support to SEA or Lead Agency selected sites in five states

Training and ongoing follow up has occurred in each of the five identified satellite sites during the past four years as well as other states. For example: In New Jersey and New Mexico major on-going contact has been sustained with the training and technical assistance team funded through the CSPD. New Jersey has sponsored four technical assistance contacts with T and TA staff to explore reflective practice strategies that they could use to promote on-going professional growth and development in their regions. A Net New Mexico staff person has become a certified trainer for Portage and has integrated many of the core premises of the Portage relationship based training into the daily work of the team as they support programs. Arizona: Portage training has provided a core first step in the competency based certification process recently begun in Arizona. A two year contract for 9 regional trainings, supervisory support and a series of teleconference contacts formed the basis of the relationship. A staff person from Arizona became a certified trainer for Portage and uses concepts and strategies of Portage to support ongoing professional development in the state. California has participated in numerous training and teleconference support opportunities. All training events have been held in conjunction with state and local agencies, and included time to implement and encourage mentoring relationships among direct service providers in order to support the transfer of new learning to practice.

Objective 1.4 Work closely with early childhood personnel in the state of Wisconsin to implement the comprehensive state service plan for young children with disabilities

Portage Project staff members have taken an active role in supporting early childhood personnel in the state of Wisconsin through a variety of contacts and offering of resources. Two important collaborations which support early childhood staff were with the Wisconsin Personnel Development Project (WPDP) and the federally funded program for service coordination (Pathways). Project staff worked with state personnel to host workshops on issues related to infant and family development, supervision and natural environments. Several members of the staff are represented on state committees such as the Wisconsin State ICC, the Professional Development workgroup, the Natural Environment work group, and peer review teams for Birth to Three programs. Birth to Three programs around the state visited the Portage Project to learn more about the Birth to Three relationship model of early intervention.

Objective 1.5 Contact Part C Coordinators to familiarize them with Growing Birth to Three relationship based intervention curriculum and how it supports development of family centered services

All Part C Coordinators received a copy of Piecing It All Together which describes the philosophical and research basis of the Growing: Birth to Three materials as well as a description of training events and newsletters. The Part C, CSPD regional training and support

personnel from Arizona, New Mexico, California, Illinois and New Jersey have participated in trainings in their respective states.

Objective 1.6 Provide consultation to states as requested on such topics as program implementation procedures, service delivery options, or personnel preparation

Project staff have been active in providing consultation and support to programs within Wisconsin, Arizona, New Mexico, New Jersey, California, and Illinois. Contacts have taken place through distance learning opportunities and direct contact (Appendix C). Staff members have been working within Wisconsin counties to establish community collaborative efforts for children with disabilities and their families in their natural setting. The Portage Director is a member of the Wisconsin Intra-agency Coordinating Council. Staff have recently coauthored an article related to personnel preparation in early intervention to be published in Zero to Three.

Objective 1.7 To establish 5 Regional Training Sites in New Jersey, Washington, Oregon, New Mexico, and Illinois to provide cost effective training to early intervention programs

In the past three years staff have worked primarily with regional sites in New Jersey, New Mexico, Arizona, California, and recently Philadelphia, PA. (For information on extensive work with WA, IL, OR, see yearly reports for years 1 and 2). Portage staff continue to work with site partners to establish and support core principles of the work support through Portage. These include a strengths based ecological approach that supports the parent-child relationship in the context of the family and community. Supervisors, key program leaders and T and TA personnel are supported to provide training and support at the regional level. This support occurs through face to face contacts scheduled in collaboration to planned training events, e-mail, list serve, telephone and video conferences, telephone and sharing written resources. All of the sites have hosted Portage training events and participated in follow up activities to support implementation of intervention strategies.

Goal 2: To increase public and professional awareness of the need for early intervention, the importance of family centered services, and the obligation and importance of providing services in the least restrictive/natural environment

Objective 2.1 To make not less than three formal presentations at professional conferences

Portage staff made formal presentations at a number of national, regional, and statewide professional conferences during this three-year grant period. (Appendix A) Presentations have often resulted in additional requests for Portage Outreach support.

Objective 2.2 To develop and disseminate awareness materials in multiple formats descriptive of best practices and Outreach training components

Portage staff have developed and disseminated a number of new awareness materials during this period (See objective 1.1). An awareness videotape was created for programs wishing to know more about how to use the Portage Guide to Early Education. A revised awareness packet reflects up to date information related to expectations for on-going involvement and resources related to reflective practice strategies and support for supervision. Staff continue to develop new resources on various aspects of best practices examples include Embedding Goals Into Play and Daily Routines, Gathering Information from Families Using Conversation and Observation, Working Collaboratively with Other Programs, such as Early Head Start, Using Reflective Supervision to support Professional Development and Organizational Change. These and other materials were sent to programs requesting information on specific topics.

Objective 2.3 Submit not less than two articles to professional journals on the various components of high quality early intervention services, family centered services, or policy issues

During this grant period, an article describing the Reflective Practice Model for Organizational Change was published in *Zero to Three*. Additionally, the Portage Project was involved in the submission of two other articles regarding reflective supervision and pre-service and in-service training in the field of early intervention that are in press.

Objective 2.4 Disseminate information and maintain contact with state agencies and programs via computerized telecommunications networks

Project staff have continued to implement and refine the use of telecommunications and computerized resources available to support state agencies and programs. The Portage Project web site contains information about the project including training events, newsletters, brochures, and published articles. The site address is www.portageproject.org. Audio teleconference, e-mail, list serves, and video conferencing are tools consistently utilized as a means to provide follow up to training and develop an on-going support network for providers (Appendix C).

Objective 2.5 Contact State Early Intervention Lead Agencies, State Departments of Special Education, State Facilitators, and the Head Start Disability Quality Improvement Centers (DISQIC) on a twice yearly basis for the purpose of promoting awareness of and support for Outreach Project activities

State Facilitators were contacted at least yearly to inform them of Portage Outreach activities and were notified directly of Portage Outreach activities planned for their state. Ongoing communication with the DISQIC's across the country was used to promote awareness of Portage Project activities and training opportunities. All State Early Intervention Lead Agencies, State Departments of Education, State Personnel Development Projects, State National Diffusion Network Facilitators, and DISQIC offices were sent a copy of the revised Portage Training and Technical Assistance brochure and the brochure describing the *Growing: Birth to Three* process.

Objective 2.6 Develop and distribute a newsletter three times a year for the purpose of sharing information about family centered intervention and Portage Outreach activities

Portage staff distributed two editions of the Portage Project Newsletter each year. Most recent editions of the newsletter include: *The Importance of Relationships* and *Collaborating with Child Care Providers* (Appendix E). The newsletter is now accessible through the Portage Project web page and is mailed to over 400 people. Recipients included service providers, supervisors, training & technical assistance providers, parents, and administrative staff associated with Part C, Head Start and Early Head Start.

GOAL 3: To provide in-depth training, on-going follow-up and mentoring to early interventionists in the Portage Family Centered Intervention Model as a means of improving services to children and families and helping states meet their personnel preparation objectives. These activities will be available at five satellite sites in New Jersey, New Mexico, Washington, Oregon and Illinois and at the original project site in Portage, Wisconsin

Objective 3.1 To utilize five satellite sites implementing components of the Portage Family Centered Intervention Model as regional training centers

During the first two years of funding, Portage Outreach staff conducted training and on-going support activities in each of the satellite sites listed. In year three and four New Jersey, New Mexico, and Wisconsin continued to be invested in collaborative efforts and Arizona, and California became heavily involved in finding ways to support early intervention providers to embrace the core principles presented in the Portage trainings. Sites provided access to Portage materials and resources. Program teams from multiple agencies within each state attended sponsored training opportunities. In addition, programs from many other states attended training events conducted nationally and at the Portage office. (Appendix B: Training Activities)

Objective 3.2 Provide training and support to 5 mentoring facilitators at regional training sites

Support for local mentors at regional training sites has been provided through contact days linked to regular site training events and through specific telecommunications. Individuals from programs in four of the satellite sites and California and Arizona participated in mentor support resources including training, teleconference, video conference, e-mail and phone support (Appendix C).

Objective 3.3 To provide intensive training to staff from 30 early intervention programs at the 5 regional satellite sites

The Outreach Training Activities (Appendix B).

Objective 3.4 To conduct five on-site training workshops in Portage, Wisconsin on the Portage Family Centered Intervention Model

Nine training opportunities were offered at the CESA 5 office in Portage, Wisconsin. They are documented in Appendix B.

Objective 3.5 To work closely with the Indian Education Resource Centers and early childhood programs on reservations to assist in developing or enhancing services as they fully implement IDEA

A number of workshops have been offered for groups which either consisted entirely of, or included, persons serving children and families on reservations. For example, people from the Lac Du Flambeau Reservation attended three trainings offered in Wisconsin and were connected with other early childhood programs to observe home visiting techniques in a family centered manner. Also, project staff have worked closely with the University Affiliated Programs in New Mexico to offer opportunities for training and technical assistance to support Indian education in their state which serves many nations.

Objective 3.6 To work closely with the Migrant Resource Center for Migrant Head Starts and other migrant early childhood programs to assist in developing or enhancing services as they fully implement IDEA

The Portage Project has worked with Migrant programs in Washington, and Wisconsin. Staff training has been provided to 125 staff in Wisconsin working with infants and toddlers utilizing the Growing: Birth to Three materials and in assessment and program planning utilizing the Portage Guide to Early Education. Contact with the Washington State Migrant Council has been maintained regarding training in the use of the Growing Birth to Three materials. The Growing Birth to Three materials were successfully translated in Spanish this grant period.

Objective 3.7 To provide on-going mentoring and technical support to 5 regional training sites for at least 2 years after initial training to maintain high quality demonstration locations

Informal training and technical assistance plans were developed in 4 of the 5 satellite sites as well as Arizona and California. The plans identified what the program thought would be helpful and how the support would be offered. Typical ways of providing support included teleconferences, video conferences, specific teleconference or written resource supports for supervisors, and additional training opportunities. Phone and e-mail contact as well as individually designed support strategies, including training for facilitators, served to assist programs as they continue to enhance the quality of services to children and families.

Objective 3.8 To develop trainers at each regional site over a two year period of activities

Portage staff have worked with an early intervention professional from New Jersey, New Mexico, California and Arizona to provide co-facilitation and/or co-training and consultation. These individuals work closely with a Portage Training Specialist to deepen their understanding of a relationship based model of intervention based on the strengths and needs of each person. This process was complicated by the fact that many of the interested parties were employed full time with many other responsibilities. This led to the development of problem based modules which can be implemented as follow up to initial training. This format was more functional for local consultants as it required less time commitment and offered skill specific assistance.

GOAL 4: To develop and disseminate materials that further the implementation of best practices of working with children and families and assist in the training of early interventionists including educators, child care staff, related services staff, and health care providers

Objective 4.1 To develop written resources which explain and expand the ideas of the Growing: Birth to Three relationship based curriculum in a format which will lend itself to use in distance training, such as a modular format

As the Portage staff were training around the country in the use of the *Growing: Birth to Three* process and materials, it became evident a format which allowed participants to use their own experiences and issues as content for learning would be most effective. The Experience-Based Discussion Process was developed and disseminated to a broader audience through teleconferencing, video conference activities and workshops.

Discussion Modules have been developed related to assessment, service delivery, and IFSP development, as a follow up strategy for initial training. The packets contain combinations of written and teleconference materials and are used primarily to support regional leaders and interested staff at satellite training sites (Appendix D).

Objective 4.2 To develop and implement use of videotapes of selected components of training which will be used as a part of distance training

A video to support use of the Portage Guide to Early Education was developed this grant period. Work is continuing on the outline, narration and selection of appropriate corresponding video segments for instructional use of Growing: Birth to Three materials.

Objective 4.3 Develop written and audiovisual materials for use in implementing distance training and mentorship

Efforts have focused on helping others develop trust and security in the team, explore team and supervisory values related to their work, and integrate philosophy into actual practice. These

strategies have been piloted in a variety of multimedia settings including teleconference, video conferencing, and personal consultation discussions. The published article *Promoting Professional and Organizational Development: A Reflective Practice Model* is a written resource to support relationship based work throughout the program structure.

II. THEORETICAL OR CONCEPTUAL FRAMEWORK FOR THE PROJECT

The combination of sensitivity, respect, adaptability, and expertise called for in early intervention programs by IDEA makes the issue of training central to all efforts to develop or improve services (Healy, Keesee, and Smith,1989). Pre-service training will be important, but continuing education opportunities will be equally important to meet the challenges ahead. The Portage Project Outreach, having developed, evaluated, and disseminated viable and successful service delivery systems into replicable models, will play a vital role in the expansion and improvement of services for children with disabilities and their families and in staff education and re-education. The need for comprehensive training followed by mentorship designed to support a paradigm shift to a more family centered approach is especially pressing in rural areas, where access to educational facilities and successful recruitment of qualified personnel are most difficult (Project TRAIN, University of Wisconsin-Whitewater; NEC*TAS, 1995).

The following training needs have been identified in the literature as critical for personnel working in early intervention:

* Intervention strategies which focus on parent-child interactions as the primary key to facilitating successful developmental outcomes for young children (Mahoney, 1991).
* Creation of paradigm shift in the design and delivery of early intervention services through cognitive, behavioral, and attitudinal changes (Trivett, Dunst et. al, 1995).
* Strategies to provide a family centered approach to intervention which begins with considering how the parents understand and empathize with the child's capacity to develop, and what strengths, knowledge, and resources help them to facilitate their child's developmental agenda (Greenspan, 1990; Norris, 1991; Dunst, 1989).
* Adoption of practices that Michlitsch and Frankel (1989) describe as an empowerment model found related to better well-being and personal control outcomes compared to an expertise-based model.
* Development of the Individual Family Service Plan (IFSP), a parent responsive Individual Education Plan (IEP), and systems of family support that are helpful yet not intrusive (Dunst, 1985; Turnbull and Turnbull, 1986; Bailey, 1986).
* Intervention skills which increase the capacity to build collaborative partnerships with families based on equality and shared decision making, (Winton & Bailey, 1994).
* An awareness of personal beliefs systems derived from one's own culture to develop competence when working with families from other cultures (Harry,1992; Hughs, 1992).
* Multidisciplinary evaluation formats that are supportive of the child and family and are able to identify strengths as well as needs of child, family and environment (Smith, 1988).
* Multiple options for family/primary care provider involvement in early intervention processes that support rather than supplant the family's interactive role and provide a family systems approach to events that affect total family functioning (Smith, 1988).

* Transition planning that involves parents, the child, and the receiving and sending programs as well as all participants in the child/family intervention that are considered important by the family (Gallagher, Maddox, Edgar, 1984).
* Intervention strategies that assist parents in the lifelong service coordination needs of their child as well as skills that help them prepare for their role as their child's advocate (Bailey, 1989).
* Intervention systems which recognize the centrality of the parent-child relationship and the value of the enriched environment, and which include a careful analysis of the learning process along with detailed observation, assessment and documentation in order to enhance the developmental progress of the child/family (Bailey, Jens & Johnson, 1983).

Current literature in the field of early intervention suggests that working with young children with disabilities and their families is a "unique" and multifaceted field. Experts in both special education and regular education concur with these opinions (Mallory, 1983; Spodek and Saracho, 1982; Greenspan, 1990).Young children with developmental disabilities are frequently the most difficult to assess, and the assessment tools most commonly used are often inappropriate for determining the needs of this population and their families (Reschly, Genshaft, and Bender, 1987). In addition, with the new mandates for services which are family centered, staff who were once trained to provide services for children are now expected to offer assistance, information and support to families at the family's discretion (Dunst and Trivette, 1987) and on their terms and turf. Early intervention staff rate themselves as being more skilled at working with children than at working with families (Bailey, Buysse, & Palsha, 1990).

Current findings about developmental outcomes of young children also support the notion that early intervention as a field is becoming more complex and this, in turn, requires early interventionists to "re-think" their current role, as well as to take on a number of new roles. Research on developmental outcomes for young children with neurological damage and a combination of biological and risk factors (Sameroff, Seifer, Barocas, Zax, and Greenspan,1987) has demonstrated conclusively that it is the effect of multiple risk factors, rather than the existence of single biological, psychological, or environmental factors, which results in adverse developmental outcome (Sameroff and Chandler, 1975). Evaluation of intervention programs with injured premature infants shows that efforts to strengthen family factors may have an even greater impact on the child's development than more traditional intervention focused directly on the disability (Bernstein, Hans, Percnasky,1991). This changes the perspective of early intervention still further in that it implies that interventionists, who once viewed the primary goal of early intervention as the teaching of developmental skills and milestones, must now understand "determinants of development in sufficient degree to choose a level of complexity appropriate to the problem to be solved, the developmental stages of both the child and family, and available supports" (Sameroff and Feise, 1990). Therefore, it is clear that working with young children and their families is a challenging task, and that at present there is a dearth of individuals qualified to provide these services.

The Portage Family Centered Intervention Model is based on documented success, research, and best practices in the field. This model continues to adhere to the sound theoretical principles upon which it was founded, namely:

1. Intervention for children with disabilities should begin as early as possible. The earlier intervention begins, the greater the probability of having a significant impact on the child and the greater the chance that this impact will be maintained over time.
2. Parent/primary caregiver involvement is critical to successful early intervention.
3. Intervention objectives and strategies must be individualized for each child and family and support the functioning of the family and the cultural and environmental factors unique to the family; promote positive child-family interactions; and allow families to take the lead in how intervention services are delivered.
4. Data collection is important to reinforce positive change and to make on-going intervention decisions.

The Portage Project has a long, productive history of service to the early childhood field. In the past, the Project's principle mission has been to expand and enhance the parent's role in facilitating positive developmental outcomes with their child. This strategy has been highly effective as evidenced by the over 300 programs trained yearly, the large numbers of materials disseminated, and the significant impact the Project has had on home based services across the country. The Project's success has been due to a solid experience base, responsiveness to changes and needs in the field, and a vigilant effort to keep current with the literature and research. The incorporation of best practice principles into the structure of the Portage Model has helped the once innovative home based model evolve into a Family Centered Intervention Model. This Model promotes families taking the lead in both how services are provided and the roles which the family will take in intervention services.

III. DESCRIPTION OF THE MODEL, ADOPTION SITES, DISSEMINATION ACTIVITIES, TRAINING ACTIVITIES, OR INCORPORATION ACTIVITIES

The Portage Family-Centered Intervention Model training components include:

1. Promoting relationship-based family centered services within a variety of environments.
   - Demonstrate effective and facilitative communication strategies.
   - Demonstrate knowledge of family systems, including the relevance of family history, culture, and experiences and recognition of family, community, and societal support.
   - Foster the role of parents as decision makers, lifelong managers and advocates for their child, and the primary force influencing the child's developmental agenda.
   - Facilitate parent-child attachment, nurturing behaviors and mutually satisfying interactions.

2. Program planning for a variety of least restrictive environments.
   - Demonstrate awareness and use of appropriate observation and interviewing skills.
   - Conduct a strengths based assessment for curriculum planning and IFSP/IEP development which includes family mapping, ecological assessment of environmental supports and constraints, interactions, and understanding of development and family's history and perspective.
   - Participate in transdisciplinary assessment and team planning with parents, other specialists, and service providers to develop IFSP/IEP.
   - Facilitate family-initiated goals, objectives and strategies for inclusion in IFSP/IEP.
   - Involve parents in assessment and program planning.
   - Demonstrate awareness of issues in service coordination.
   - Develop a transition plan with family to ease change in program or services.

3. Program implementation in least restrictive and natural environments.
   - Provide for instruction, generalization and maintenance of functional skills through established family routines and interactions.
   - Implement intervention activities which offer opportunities for learning through responsive play and environmental support.
   - Encourage highest level of interaction possible for all children by adapting environment, materials, interventionist and caregiver support, and/or child expectations in all activities.
   - Collect data on child/family change and make intervention decisions based on data.
   - Plan activities across multiple environments as needed that reflect IEP and IFSP goals and objectives.
   - Facilitate caregiver-child interaction to promote mutual satisfaction and success.
   - Facilitate contingent-responsive activities to promote child's action/interaction.

The above training components are based on research which supports the role of the interventionist as a provider of opportunities and activities that allow families to display their competence and to feel a sense of control over their lives (Dunst, 1986). Many early

interventionists are competent in developing and implementing an Individual Education Plan for the child. Historically, this plan has focused on the achievement of developmental skills; within the current context of family centered intervention, this is inadequate. The child learns best within the context of the family's capacity to support their child's development. This includes consideration of cultural and environmental factors by embedding skill acquisition in family routines (Sameroff and Fiese, 1990) and supporting positive parent-child interactions (Bromwich, 1981; Norris, 1991). Therefore, it becomes apparent that in order to develop an Individualized Family Service Plan one must have some additional skills and knowledge. Bailey (1987) reminds us that this focus on families may be challenging "...since families often present extraordinarily complex circumstances to professionals whose training has centered almost exclusively on children". The cumulative needs identified in the previous paragraphs can be summarized into the following four broad categories. The first is the continuing need for early intervention personnel trained to provide services in the complex and multiple environments dictated through the commitment to provide family-centered programs. Secondly, a compelling need to support the delivery of family-centered programs for young children with disabilities and their families. This includes development of program designs and service delivery options which are driven by desires of families and offer families a sense of control over program outcomes. Thirdly, an ecological approach to intervention which places parent-child interactions, utilization of natural routines, and the assets of the family community as the core of program services. Lastly, a training and support system for early intervention staff which applies knowledge of adult learning, including the opportunity for continued personal growth and development through reflection and mentoring.

Recognizing this, the Portage Outreach Model includes strategies and materials to assist interventionists in acquiring skills for working with families as well as identifying the resources, priorities and concerns of families through the use of observation of environments and interactions, conversations with family members, and joint goal setting to plan and implement an IFSP.

Additionally, the *Growing: Birth to Three* relationship based curriculum will be utilized as the basis for training in the process of ecological curriculum planning and implementation. Utilizing a five step planning process, this curriculum is designed to support family centered intervention in the above context, as well as provide interventionists with the necessary strategies to facilitate mutually satisfying interactions between parent and child.

A flexible, responsive intervention training program can address the needs and enhance the skills of service providers dealing with the entire family, including fathers, siblings, extended family and significant others. Their inclusion will combine to build child competencies, positive interaction patterns, and coping skills to meet the continuing challenges of raising a child with disabilities (Lewis 1987; Sameroff & Feise, 1990).

The Portage Project Outreach extends the impact of training through a variety of follow up activities including mentoring and facilitation of the development of local mentors for on-going program support.

The Portage Outreach Project, based on the Portage Family-Centered Intervention Model, will address the four identified needs in early intervention through training, follow-up, and development of materials.

Description of Adoption Sites

Appendix B indicates the various programs that have participated in Portage training during this time. There were a wide variety of program types, including Head Starts, educational cooperatives, early childhood, Birth to Three programs, Family Support Programs, universities, preschools, and others. Key adoption sites include Arizona and New Mexico where in-state staff became certified Portage trainers and integrated the core principles into the ways in which they support the daily work of the programs they serve. The Core Perspectives presented through Portage training have become key cornerstones in the basic philosophy and competencies of the Arizona Part C effort. Net New Mexico has integrated the strengths based, ecological focus into their supportive work with Birth to Three programs. The Experience Based Discussion Process and Partnering Language strategies are an integral part of both team and outreach efforts in both states. The core perspectives and experience based discussion formats have also been integrated into the work of the New Jersey T/TA CSPD system and the Hope Early Intervention program in San Diego, California.

Description of Dissemination and Training Activities

Appendix A lists the various conferences at which the Portage staff have presented. Project staff receive numerous requests for conference participation each year and make decisions about where to participate based on perceived need and the potential for the greatest impact. Many requests for training and technical assistance are generated from conference participation. Appendix B documents training activities completed during the grant period. Objectives 1.1 and 1.2 describe further dissemination efforts.

IV. METHODOLOGICAL/LOGISTICAL PROBLEMS AND THEIR RESOLUTION (including departures from original objectives)

During this grant period there were some changes made due to methodological or logistical problems; these are described in the following paragraphs.

Rather than publishing and distributing a Family Focused Intervention Newsletter three times a year as originally stated, Portage staff decided to send the letter twice a year. This decision was made mainly due to the need to allocate more time to training activities. By sending the newsletter in the early Fall and early Spring, we were able to make readers aware of training being offered at our office in Portage during the upcoming months and were able to inform people of activities and developments within the Portage Outreach Project.

Portage staff continue to work to develop a more systematic way of providing on-going technical support to demonstration and implementation sites. Our experience has shown us the importance of cultivating the supervisors and leaders within the region in order to have an ongoing support for the move from theory and new learning to actual practice. We now plan for follow-up within our initial conversations and explore how the learning from training can be integrated into the existing support systems within the state. This will also help us in managing our personnel resources by making sure that we are not scheduling so many initial trainings that there is inadequate time for follow-up activities.

The original grant application stated that Portage Outreach would identify and train five certified trainers in various states and regions of the country. We are moving toward a more consultation/support model around specific program needs and related to relationship based intervention due to time commitment of agency staff and the need to integrate training and on-going support into existing agency structures. We are beginning to work more closely with regional training and personnel development projects who are responsible for supporting the activities of multiple programs and have staff not directly responsible for daily program activities. We are working with these staff to become the trainer/mentor support system for programs within their regions. Two staff from Arizona and New Mexico have gone through an extensive train the trainers effort and are now able to provide both training and support using the Portage training activities and philosophy.

The challenge of effectively utilizing distance learning continues. Costs of using satellite technology is prohibitive. Staff have utilized conference calls as follow-up to training. These calls are effective with some groups, but offer limited opportunity to interact and individualize for a group. Video and teleconference interactions require either a very structured format that is somewhat didactic in approach or they require establishing a relationship prior to the contact that allows the interpersonal exchange to flow more spontaneously from the actual daily work of the participants. Staff have been successful with both approaches but continue to explore more effective ways of providing long distance support for professional growth and development.

V. EVALUATION FINDINGS

Project evaluation occurs through five formal evaluation formats and informally through conversations with agency leaders who have sponsored training events; or participated in follow-up conferences. Examples of the formats used and sample participant responses are located in Appendix F.

Pre/Post video review: Methodology - Training participants watch a parent-child interaction video and record their observations before training content and materials are distributed on the first day of training. They are then asked to view the same video and record observations on the final day of training. The data is reviewed and periodically coded to compared; observational changes. They are coded as positive, negative, neutral in type. Findings indicate that the specific training and experience of the participant influence the type of observation made. Those trained to find the areas of deficit to "qualify" children for services tend to express a greater percentage of negative responses; those with limited training and experience are less specific and focus on the individual they identify as a client. Those with a family service approach comment more on the adult behaviors and those with child development backgrounds more on the child. Post reviews indicate more focused attention to specific interaction patterns such as smiling or talking in a pleasant tone. They indicate a more strengths based observational approach and to a degree one that includes more awareness of environmental influences.

Training Evaluation: The evaluations are designed to answer the following questions: Have the workshop and training goals been met? Which sections are salient and applicable for participants? What do they like about and learn from the training? Evaluation forms are given to participants of the last day of training. Participants are given the opportunity to write qualitative responses and also quantitative rating of workshop features. The evaluation is voluntary and anonymous. Those who sponsor the training receive a summary report of all participants' ratings and comments. Generally, participants indicate that the information is useful and applicable for their work with families. They view presenters as approachable and competent. They appreciate the variety of training methods and respond positively to the extensive use of video. Participants often comment that the methods are consistent with adult learning needs and that no one method is employed to the exclusion of others. In terms of psychological comfort, trainees felt supported when the more intense emotional issues were raised and discussed. A few respondents were not comfortable with the issues raised or perhaps uncomfortable with the mix of administrators and front line workers present in the room. Despite the discomfort, most indicate that the presenters were respectful of their feeling. Presenters were noted to be knowledgeable in the field and appreciated for their hands-on experience and group facilitation skills.

Key concerns are the length of the workshop and the impact of comfort and convenience related to selected facilities and timing of the event in relationship to other demands on their time.

Brainstorm Recordings: Participants are given an NCR dual copy Brainstorm sheet in their folder. The presenter gives participants writing time several times during each day of training. The purpose of this activity is to encourage the participant to develop and quick summary of the ideas that struck them as important so that they are easily accessible should they want to try them in their actual practice or choose to explore them with the supervisor or other team members. At the end of the workshop the participant keeps one sheet and the presenter gets the other. The presenter has a record of what the participants find most practical and meaningful for them.

Typically the use of inquiry, observation, taking a strengths based and ecological perspective, turning judgments into questions, using partnering language and the cost-benefits strategy are noted.

Parent Interviews: Recorded conversations with families currently served through the Portage contracted Birth to Three program, are done every three to five years, and speak of their experiences with early intervention and the Portage approach to intervention. Currently interviews have been collected and transcribed in the spring of 2000. The results are coded and analyzed by the University of Cincinnati, and results will be available in the fall of 2000. The interview protocol and results from a similar interview series in 1995 are included in Appendix F.

Teleconference Evaluations: Participants who take part in post training teleconference modules are sent an evaluation at the end of each contact that asks their input on the content and process. Key information indicates that the format of teleconference is always challenging due to the chance of technical difficulty and differences in equipment available to participants, and also due to the sensory deprivation that occurs when the participants cannot read the cues and affective responses of others through visual contact. However, the relationships that are established during training are an asset that helps to over-ride the obvious drawbacks. The experience is most successful when participants can meet in small groups to interact around teleconference equipment that allows all to be heard, when the structure of the conversation and expectations for how to participate are clear, and when the discussion is very structured around specific mutual content or when the structure is defined and the conversation is about their personal work experiences.

VI PROJECT IMPACT

Project impact, including a list of products and where available, dissemination activities, publications, implications of findings, and other indicators of the Project's effect on the field of early intervention for children with disabilities and their families.

The impact of the Portage Multi-State Outreach Project has already been addressed to some degree in the preceding sections of this report. In addition, the following pages contain a description of projects managed and publications produced by the Portage Project.

The Portage Project, administered by CESA 5, is entering its thirty-first year of operation. Initially funded in 1969 by the Bureau of Education for the Handicapped, direct service staff presently provide a wide range of services in early childhood education, model development, training and technical assistance, and materials development. The Project's work in model development led to the implementation, evaluation and subsequent dissemination of the Portage Model of Early Intervention. This system, known as the Portage Model, has been utilized by more than 140 sites in the United States, and over 30 countries as a delivery system of high quality early intervention services to young children and their families. The Model was unanimously validated by the Joint Dissemination and Review Panel (JDRP) of the U.S. Office of Education in 1975 and revalidated in 1985 and 1992. Since that time the Portage Project has been extensively involved in providing training and technical assistance, developing materials, and supporting a wide variety of public and private agencies across the United States and abroad.

Project personnel have had extensive experience working with a broad spectrum of service agencies at local, regional, national and international levels. (International work is not carried out through the Outreach Training Grant) These agencies include: local school districts; community social services and health departments; state educational agencies; universities and vocational and technical schools; day care associations, volunteer service organizations such as Lion's Clubs, Knights of Columbus and JAYCEES; national professional and parent organizations such as NAEYC, the Council for Exceptional Children, Division for Early Childhood, PACER; Peace Corps; and UNICEF and UNESCO of the United Nations. These varied experiences have assisted Project staff to be responsive to the needs of others in a multitude of settings and to coordinate multi-faceted efforts to improve services to those in need.

The following is a brief chronological description of recent Portage Project activities at the national, state, and international levels as well as materials development activities.

NATIONAL

1974 - Present The Offices of Special Education and Rehabilitative Services (OSERS) funded the Portage Project to:

- provide training and technical assistance to agencies interested in developing a home training program similar to the Portage Project
- develop demonstration programs to serve as pilot programs in other states
- develop educational materials for educators to use in working with pre-school children

1976 - Present ACYF awarded to the Portage Project one of the fifteen Resource Access Projects in the country. The purpose of the Project is to assist Head Start programs in working with children with disabilities. Specifically the project identifies consultants, materials, and demonstration sites; assesses the needs of Head Start programs; and links programs with appropriate resources, as well as monitoring services to ensure that the identified needs have been met.

1979 - Present The U.S. Office of Education, Office for Educational Research and Improvement awarded the Portage Project a contract for a Developer-Demonstrator Project in support of the National Diffusion Network (NDN). The purpose of the contract is to develop and disseminate materials, to provide training and technical assistance to programs adopting the Portage Model, and to exchange information with other projects and agencies to promote the utilization of validated projects throughout the U.S.

1995-2000 Even Start- Funded to develop Even Start in Portage School Districts. Home and center-based experiences promote family; literacy, parenting and child development.

1996-2000 QIC-D Quality Improvement Center - Disabilities funded through ACYF to support services provided for children with disabilities in Head Start and Early Head Start in a five state region.

1996-2000 QIC-HS- Quality Improvement Center-Head Start. Funded through ACYF to support Head Start and Early Head Start programs through training and technical assistance in a five state region.

1996-2001 Model Demonstration Project - Funded to develop and demonstrate a model of organizational support for professional growth and development that promotes and enhances the use of family centered practices in direct services. Participants are seven early intervention programs in Wisconsin.

1996-2000- Model Outreach Project - Funded through OSERS.

STATE AND LOCAL

1969 - Present Birth to Three - The Portage Project and its parent agency, CESA 5, provide home-based intervention to families of children with disabilities.

1991 - Present Project Include - Funded by the State Department of Public Instruction is designed to increase opportunities for children with disabilities to engage in typical early childhood experiences. Parents are supported in their efforts to secure these experiences for their children.

1991 - Present State Maternal and Child Health - Funds support the development of collaborative system development in two counties. These systems are designed to offer comprehensive, community-based, family-focused services for children with special health care needs.

1995-2000 SKIP (Special Kids, Involved Parents) - Funded through the Department of Public Instruction to support families of children with Disabilities.

1996-2000 Early Head Start Mentoring Contract - Provide training and mentoring support to Early Head Start staff through consistent monthly contacts.

1996-2001 Federal Demonstration Project, Supporting Organizational Change in Early Intervention - Work with seven early intervention projects in WI to support family centered, relationship based services in natural environments.

1980-present- Birth to Three Program - Direct service to children with disabilities and families in four counties in rural Wisconsin.

1996-present -Head Start Collaboration - Funded to enhance collaboration between Head Start programs and community partners such as schools, child care, early intervention and local special projects.

1999-present- Inclusion Project- funded through the DPI to support the inclusion of young children with disabilities in typical community and school opportunities.

INTERNATIONAL (Federal grant dollars were not used to support international training)

1990 Japan presented at the Portage International Conference in Madison, Wisconsin

1998 Japan - sponsored Portage International Conference in Hiroshima, Japan

1990 Madison, WI - Intensive training with participants from China, Saudi Arabia, Sweden, Korea, and India. This 5-day training followed the International Conference and offered opportunities to learn new strategies and share international perspectives.

1991 Spain - Portage Project staff presented a two day training on home-based programming at three sites throughout Spain: Madrid, Barcelona and Burgos. Staff also met with a representative of Early Childhood Special Education, Ministry of Education to discuss future adaptation and implementation of the Portage Classroom Curriculum.

1991 Mexico - Dept. of Psychology, University of Senora, Mexico - Portage Project conducted a two-week workshop on services to children birth to six for students and professors from the University of Senora to assist them in the format for delivery of services within the context of their research project.

1992 Portugal - Portage staff participated in the first National Portage Association Conference in Portugal. Staff also provided intensive training for staff of local programs.

1996, 1999 Portugal - Provided Relationship Based Intervention training for early intervention staff and began Train the Trainers Contract to support 10 professionals to provide training at the regional level. The relationship to provide support to regional trainers continues.

1993 Bucharest, Romania - Collaborated with the Peace Corp and UNICEF to provide training to child care workers and develop plans for further assistance within Romania.

1994 Norway - Provided training for interventions from around the country to staff in the Portage Model of Early Intervention. Continue to support efforts through the Ministry of Education.

1996 Ecuador - Portage trainers conducted an intensive training for center program personnel in Guayaquil.

1996 Kuwait - Provided Portage Training to early intervention staff through the Ministry of Education.

1997 Finland - Participated in international conference and provided a two day training in relationship based intervention for intervention staff from regions around the country.

MATERIALS DEVELOPMENT

Portage Project staff have been involved in materials development activities for Head Start, other early childhood educators, parents and administrators. Many of these materials have been distributed nationally and internationally. One example is *The Portage Guide To Early Education (PGEE), 1976*, (revised 1994), which is a widely acclaimed curriculum for children from birth to six years of age. It has now been translated into 35 languages and is widely used by Head Start and other early childhood programs. Another example is the *Portage Classroom Curriculum*. It was tested in over 100 Head Start classrooms and includes sections on competence building, protective behaviors, parent participation, and skills necessary for transitioning into public school programs. A complete annotated listing of products developed by the Portage follows. The *Portage Classroom Curriculum* is now in its second printing and it is being distributed both nationally and internationally. The most recent addition to the Portage family of materials is *Growing: Birth To Three*. This curriculum is designed to facilitate interaction and an ecological approach to intervention services.

The Portage Guide to Early Education, S. Bluma, M. Shearer, A. Frohman, and J. Hilliard (revised 1994). Cooperative Educational Service Agency 5, Portage, Wisconsin.

> A widely acclaimed curriculum for children from birth to six years of age. It consists of three parts: a developmental checklist with 580 behaviors in five developmental areas; a card file of activities; and a manual. The PGEE has now been translated into 35 languages by the Portage Project and other agencies. These materials were revised in 1994 with particular attention to incorporation of developmental guidance and activities into the daily routines of families.

Portage Guide to Early Education: An Overview. Video,1998, Cooperative Educational Service Agency 5, Portage, Wisconsin.

> Support video on the use of the Guide.

Portage Classroom Curriculum. 1987. Cooperative Educational Service Agency 5, Portage, Wisconsin.

> Provides a systematic approach to individualization that encourages maximum social interactions between children and supports them as they learn by doing through active manipulation and exploration of materials and environment. Promotes family involvement in the child's developmental plan.

Growing: Birth to Three. (revised 1999) Portage Project Staff, Cooperative Educational Service Agency 5, Portage, Wisconsin.

This innovative curriculum features an ecological approach to intervention planning and focuses on promoting child and caregiver interactions. Available in English and Spanish

Special Training for Special Needs. (revised 1996) B. Wolfe & N. Larson. Cooperative Educational Service Agency 5, Portage, Wisconsin.

Training guide to support inclusion of children with disabilities.

Get Jump On Kindergarten: A Handbook for Parents. (revised 1995) A.H. Frohman and Karen Wollenburg (1983). Cooperative Educational Service Agency 12, Portage, Wisconsin.

Illustrated by elementary students, this booklet presents practical suggestions for helping parents help their children become successful and independent in their kindergarten experiences.

Portage Parent Program: Parent Readings. Richard D. Boyd and Susan M. Bluma, (1977). Cooperative Educational Service Agency 12, Portage, Wisconsin.

A book for parents presenting 25 important parenting topics using real life examples, worksheets and response sheets that accompany each reading.

Portage Parent Program: Instructor's Manual. Richard D. Boyd, Kathleen A. Stauber, Susan M. Bluma (1977). Cooperative Educational Service Agency 12, Portage, Wisconsin.

This book describes in detail how to help parents achieve, maintain and generalize the specific skills.

Portage Parent Program: Parental Behavior Inventory. Richard D. Boyd and Kathleen A. Stauber (1977). Cooperative Educational Service Agency 12, Portage, Wisconsin.

This 80-item inventory states the skills necessary for effective teaching and child management. Includes space for self-evaluation by parents.

LaGuia Portage de Educacion Preescolar. S. Bluma, M. Shearer, A. Frohman, and J. Hilliard (1978). Cooperative Educational Service Agency 12, Portage, Wisconsin.

A Spanish translation of the PGEE for use in bilingual/bicultural programs within the United States and with Spanish speaking populations throughout the world.

Portage Project Readings. (1980, 1976). Cooperative Educational Service Agency 12, Portage, Wisconsin.

This publication is a revised compilation of research and descriptive articles concerning the Portage Project.

A Parent's Guide to Early Education. S. Bluma, M. Shearer, A. Frohman, and J. Hilliard (1978). Cooperative Educational Service Agency 12, Portage, Wisconsin.

This publication presents the PGEE in a special book format just for parents. It was developed to meet the increasing requests from parents for practical suggestions for enhancing and supporting their child's development.

Initial Education for Non-Formal Home-Based Programs. Training Manual. Craig R. Loftin (1978). Cooperative Educational Service Agency 12, Portage, Wisconsin.

This manual, printed in both English and Spanish, provides procedures and content for the training of non-professional home visitors.

Informe Final del Proyecto "Validacion del Modelo Portage en el Peru". George Jesien, Jose Aliaga & Martha Llanos (1978). CESA 12, INIDE & Ministry of Education in Peru.

A detailed report on the adaptation of the Portage Model in Peru. It contains information on the study population, curriculum adaptation, the service program provided, and the project evaluation results.

Manual de Nutricion. Evelyn Reboti 1978. CESA 12, INIDE and the Ministry of Education of Peru.

A nutrition manual developed specifically for the Portage Project in Peru. It is culturally specific to native customs and foods.

Portage Parent Program Media Filmstrip Series. Susan Bluma and Dick Boyd (1980). Cooperative Educational Service Agency 12, Portage, Wisconsin.

The Portage Parent Program was the foundation for these 20 informative filmstrips. Each set consists of one filmstrip, a cassette and audio script. A discussion guide is provided to highlight the content and facilitate discussion for non-readers and parent groups.

Serving Handicapped Children in Home-Based Head Start. Manual and Training Guide (1980). Cooperative Educational Service Agency 12, Portage, Wisconsin.

The Manual is meant to help home visitors, teachers and disability services coordinators involved in home-based programs. The Training Manual is designed for use by programs in the training of their personnel.

Development and Implementation of the Individual Service Plan in Head Start. Barbara Wolfe, Jordana Zeger, Maureen Griffin, and Julia Herwig (1982). Cooperative Educational Service Agency 12, Portage, Wisconsin.

This comprehensive training guide contains all materials necessary to conduct 14 workshops for staff on individual programming for children with special needs.

Parent Involvement Resource Manual: Comprehensive Materials for Teaching Parent Involvement. (1989).

This resource was prepared for distribution through the Wisconsin Council on Developmental Disabilities. It is primarily designed to support teacher education programs in incorporating information on parent involvement.

Building Partnerships by Respecting Cultural Diversity. (1991)

Designed for both pre-service and in-service use, this videotape and discussion guide will foster a better understanding of diversity and challenge staff who serve families to create a balance of power, mutual sharing of information and decision making between staff and all parents. Distributed by Wisconsin Council on Developmental Disabilities.

Maintaining Partnerships Through Communication. (1991)

Designed for parents, this videotape and discussion guide will provide parents with communication tools to strengthen interactions and build partnerships with service providers -- teachers, administrators, and other personnel. Assertive communication which builds trust, self-respect, and a balance of power is demonstrated. Distributed by Wisconsin Council on Developmental Disabilities.

VII. STATEMENT OF FUTURE ACTIVITIES

The Portage Outreach Project has not received continued funding through the Early Education Program for Children with Disabilities to continue outreach activities, however training and consultation are continuing on a fee for service basis.

VIII. ASSURANCES

As requested, the full final reports of the Portage Outreach Project has been sent to ERIC, and copies of the title page and abstract have been sent to the other addresses indicated in the original correspondence.

Appendix A

Portage Project Staff Presentations
December 97 - June 2000

Sponsor & Location	Date	Topic
Zero to Three Poster Session Washington, DC	12/96	*Mentoring in Early Head Start* *Training and Mentoring for Family Centered Outcome*
CESA 5 Portage, WI	2/97	Teen Pregnancy Network
WI Personnel Development Project Stevens Point, WI	3/97	Orientation to Best Practice in Early Intervention
Dream Catchers Conference Madison, WI	5/97	Building Children's Self Esteem
Milwaukee, WI	12/4/97	*Mentoring in Early Head Start*
Madison, WI	2/19/98	*How to Work with Grantees Parallels Work with Families*
Helsinki, Finland	4/24/98	2nd Annual Portage Nordic Conference: *Reducing Risk in Children with Developmental Delays*
Appleton, WI	9/98	Women at Risk Conference
Albuquerque, NM	9/23/98	Magic Years Conference Home Visit Consultation
Zero to Three Washington, DC	12/98	Zero to Three 13th Annual Training Institute
Family Resource Center Madison, WI	6/99	Reflective Practices
Early Head Start Waukesha, WI	8/99 & 12/99	Family Service Credential

Sponsor & Location	Date	Topic
National Early Head Start Institute Washington, DC	1/13/00	*Reflective Practices: Establishing the Framework*
Early Head Start Bloomer/Colfax, WI	2/00	QNet sponsored presentation: Experience Based Discussion Format
CESA 5 Portage, WI	4/00	Relationship Based Workshop
CESA 5 Portage, WI.	5/00	Family Resource Center Presentation: *Supporting Relationship Based Work Through the Use of Video*
Head Start Racine, WI	5/00	Overview of Reflective Practices

Appendix B

Appendix B

Trainings - September 1996 - June 2000

Sponsor & Location	Dates	Number of Programs Present	Number in Attendance	Topic
CESA 5 Portage, WI	9/96	3	9	Supporting Families in Natural Environments
Early Head Start Terra Haute, IN	10/96	4	34	Growing: Birth To Three
CESA 5 Portage, WI	10/96	6	14	Strategies to Support Infants and Toddlers
Educational Service District Salem, OR	11/96	13	19	Growing: Birth To Three
Family Link Ringwood, NJ	12/96	4	14	Supporting Families in Natural Environments
Family Link Union, NJ	12/96	11	31	Supporting Families in Natural Environments
MEO/SERRC Cuyahoga Falls, OH	1/97	11	42	Growing: Birth To Three
Bright Beginnings Ludington, MI 49431	1/97 & 2/97	11	25	Growing: Birth To Three
University of New Mexico Albuquerque, NM	1/97	9	19	Growing: Birth To Three
Star Net Des Plaines, IL 60018	2/97	10	20	Growing: Birth To Three
CESA 5 Portage, WI	2/97	4	19	Growing: Birth To Three

Sponsor & Location	Dates	Number of Programs Present	Number in Attendance	Topic
Douglas ESD Roseburg, OR	3/97	11	46	Supporting Families in Natural Environments
Family Link Union, NJ	4/97	5	37	Growing: Birth To Three
Center for Family Resources Mount Holly, NJ	4/97	6	34	Growing: Birth To Three
Central Collaborative Monmouth Junction, NJ	6/97	8	45	Growing: Birth To Three
United Migrant Opportunity Services Oshkosh, WI	6/97	1	125	Portage Guide To Early Education
Star Net Macomb, IL	6/97	25	72	Growing: Birth To Three
DOP Head Start Jacksonville, NC	8/97	1	65	Portage Guide To Early Education
CESA 5 Portage, WI	8/97	7	15	Home Visiting Relationship
SIUC Head Start Carbondale, IL	9/97	1	24	Portage Classroom Curriculum
Northwest Community Action Head Start Badger, MN	9/97	1	33	Portage Classroom Curriculum
Bad River Head Start Odanah, WI	9/97	1	12	Portage Guide To Early Education

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Sponsor & Location	Dates	Number of Programs Present	Number in Attendance	Topic
CESA 5 Portage, WI	9/97	6	18	Growing: Birth To Three
HOPE Infant Program San Diego, CA	9/97	4	65	Growing: Birth To Three
Southwest Human Development Phoenix, AZ	10/97	6	57	Growing: Birth To Three
CESA 5 Portage, WI	11/97	6	11	Supporting Families in Natural Environments
Children's SeaShore House Atlantic City, NJ	11/97	2	14	Growing: Birth To Three
Neighborhood House Early Head Start Seattle, WA	12/97	2	14	Home Visiting Relationship
St. Clair County Regional Office of Education Bellville IL	12/97	31	47	Supporting Families in Natural Environments
Seattle, WA	12/97	3	14	Home Visiting Relationship
CESA 5 Portage, WI	2/98	9	18	Home Visiting Relationship
Albuquerque, NM	3/98	6	37	Growing: Birth To Three
University of New Mexico Albuquerque, NM	3/10/12/98	11	24	Growing: Birth to Three
HOPE San Diego, CA	5/11-13/98	2	73	Growing: Birth to Three

Sponsor & Location	Dates	Number of Programs Present	Number in Attendance	Topic
CESA 5	6/17-19/98	6	13	Growing: Birth to Three
Neighborhood House Seattle, WA	7/21-23/98	1	17	Growing: Birth to Three
Laguna, NM	8/3-4/98	1	10	Home Visiting Training
CESA 5	9/10-11/98	11	28	Home Visiting Relationships
Langlade Health Care Center Antigo, WI	9/29-30/98	1	8	Using Video in B-3 Family Centered Intervention
CAP Services Appleton, WI	10/9/98	1	12	Self Esteem
Southwest Human Development Phoenix, AZ	10/5-8/98	1	23	Growing: Birth to Three
CESA 5	11/9-10/98	8	11	Supporting Families in Natural Environments
Southern New Jersey Regional Early Intervention Collaborative Berlin, NJ	11/16-18/98	1	46	Growing: Birth to Three
Milwaukee Women's Center Milwaukee, WI	11/16-18/98	2	39	Growing: Birth to Three
New Jersey Regional Early Intervention Berlin, NJ	11/18-20/98	4	28	Growing: Birth to Three
Ohio	11/28-30/98	3	23	Growing: Birth to Three
Net New Mexico Farmington, NM	1/12-15/99	26	57	Growing: Birth to Three

Sponsor & Location	Dates	Number of Programs Present	Number in Attendance	Topic
Southwest Human Development Flagstaff, AZ	2/1-4/99	13	68	Growing: Birth to Three
Early Intervention Services Camden, NJ	2/8-9/99	2	17	Supporting Families in Natural Environments
St John of God Westville Grove, NJ	2/10-11/99	1	28	Supporting Families in Natural Environments
NET New Mexico Farmington, NM	2/12-14/99		24	Growing: Birth to Three
AzEIP Programs Flagstaff, AZ	3/2-5/99	19	66	Growing: Birth to Three
CESA 5	5/3-4/99	8	14	Supporting Families in Natural Environments
AzEIP Programs Flagstaff, AZ	5/17-19/99	26	65	Growing: Birth to Three
ARC Green Bay, WI	6/7-8/99	9	20	Supporting Families in Natural Environments
ECNET University of New Mexico Albuquerque, NM	6/16-18/99	13	34	Growing: Birth to Three
Neighborhood House Seattle, WA	7/21-23-99	3	28	Growing: Birth to Three
Ken-Crest Services Philadelphia, PA	8/11-13/99	4	105	Growing: Birth to Three
CESA 5	8/18-19/99	6	20	Home Visiting Relationships

Sponsor & Location	Dates	Number of Programs Present	Number in Attendance	Topic
Options Head Start South El Monte, CA	8/24-28/99	1	14	Home Visiting Relationships
CESA 5	9/21-23/99	11	23	Growing: Birth to Three
POCAN Green Lake, WI	10/4-5/99		18	POCAN Supervisors
CESA 5	10/5-6/99	8	16	Supporting Families in Natural Environments
Early Head Start Family Center Oregon	10/6-8/99	1	28	Growing: Birth to Three
POCAN Wausau, WI	11/9/99	1	34	Reflective Practices and Supervision
POCAN Appleton, WI	11/16/99	1	23	Reflective Practices and Supervision
Wayne Medina CAC Wooster, OH	12/7-9/99	3	21	Growing: Birth to Three
Total Action Head Start Program New Orleans, LA	1/12-13/00	1	60	Portage Guide Curriculum
Stevens Point, WI	1/20/00	20	24	WPDP/State Supervisor's Group
ECNET University of New Mexico Albuquerque, NM	1/26-28/00	1	36	Growing: Birth to Three
Southwest Human Development Phoenix, AZ	2/15-18/00	1	32	Growing: Birth to Three
Southwest Human Development Phoenix, AZ	2/16-17/00	1	29	Supporting Families in Natural Environments

Sponsor & Location	Dates	Number of Programs Present	Number in Attendance	Topic
CESA sponsored training Racine, WI	2/23-25/00	5	29	Relationship Based Intervention
Southwest Human Development Phoenix, AZ	3/13-15/00	1	19	Growing: Birth to Three
Southwest Human Development Phoenix, AZ	3/13-15/00	1	21	Growing: Birth to Three
CESA 5	4/3-4/00	8	23	Home Visiting Relationships
Unified School District Los Angeles, CA	4/3-5/00			Growing: Birth to Three
AzEIP Training Tucson, AZ	5/2-4/00			Relationship Based Intervention
DES/Arizona Early Intervention Program Tucson, AZ	5/2-3/00		36	Supporting Families in Natural Environments

Appendix C

Distance Learning Teleconferences
June 1998 - February 2000

Group Meeting	Teleconference Dates	Number Attending
Durwards Glen Retreat Participants	**98:** 6/29, 7/27, 8/24, 9/28, 10/26, 11/23 **99:** 1/11, 2/22, 4/9, 5/24, 6/21, 8/30, 9/20, 9/20, 10/25	Approx. 7 per meeting
Supervisor's Group	**98:** 10/26, 11/23, 12/29 **99:** 1/25	Approx. 8 per meeting
Train the Trainers	**99:** 8/25, 9/27, 11/1, 11/29 **00:** 2/21	Approx. 4 per meeting
AzEIP (Arizona State sponsored) 3 sets of 3 conferences (3 call-in sites per conference; Evaluation, IFSP, Service delivery)	**99:** 1/19, 3/11, 4/14, 5/7, 5/26, 16/11, 9/14, 10/15 **00:** 1/6	3 Call-in Sites per call (minimum 5-15 people calling in)

Appendix D

AzEIP/Growing: Birth to Three Follow-Up
IFSP Training Module
Agenda

8:30-9:15 Small Group Discussion (facilitated by you)

Check In and Introductions
Review of This Teleconference Agenda
Brief Review of Materials
Discussion of Joseph's Family Story

Discuss and Prepare to Report to Large Group:

a) One or two highlights or key practices from the previous teleconference
b) Three questions your group has formulated for Joseph's family as a result of the information provided through the written family story as well as the two Conversation and Observation Summaries (Growing, Form 4). *Remember to state the questions using the words you would use with Joseph's family.*
c) One major outcome your small group believes is shared by Joseph's family.

9:15-10:00 Teleconference (facilitated by Jacqui and Karen)

Group Introductions
Restate "Core Values/Common Ground"
Small Group Reports of Highlights or Key Practices from Previous Teleconference
Review Purpose of This Teleconference
Overview of IFSP Decision Making Process and Today's Task
Small Group Reports of Questions and Outcome for Joseph and His Family
Instructions for Next Small Group Time

10-11:00 Work in Small Group (facilitated by you)

Use the IFSP Decision Making Process in your packets to decide on strategies to support Joseph's family to make progress toward the major outcome you decided on as a group.

Determine:

a) existing supports and resources
b) changes needed to make these resources more effective in supporting Joseph's family
c) people, activities and contexts to support these changes
d) the roles of team members and, *finally*
e) the services needed to achieve the outcomes

11:-12:00 Teleconference (facilitated by Jacqui & Karen)

Small groups share ideas regarding the IFSP for Joseph's family and insights about the decision making process.

- Is this similar to how your teams develop IFSPs?
- What practices do you use to effectively support parent-professional partnerships in decision making?
- What are some indicators that IFSPs have been developed through parent-professional partnerships, with parents playing a key role in decision making?

12-12:30 Small Group Discussion (facilitated by you)

Brainstorm sheets
Share ideas
Complete teleconference evaluation form

AzEIP/Growing: Birth to Three Follow Up
Service Delivery Training Module

AGENDA

8:30-9:15 a.m.

I. Small Group Discussion (facilitated by you)

Check-in & Introductions
Review of teleconference agenda
Brief review of materials

Pass out "Brainstorms" sheet
Group members can keep the sheet in front of them throughout the morning, jotting down ideas as they occur.
Ideas will be shared these at the end of the teleconference.

The purpose of this teleconference is to move from theory and planning, into actual service delivery practices with the family. To begin this process, we are going to spend some time thinking about how that happens.

Discuss and prepare to report to large group:

A. Ask the group to think about a time they had difficulty moving from the IFSP goals to the actual implementation of services for a family. Ask them to think about a time it felt "easy" or appeared to work well for both the provider and family.

B. Discuss and summarize as a group:
   What were elements or characteristics of the times it felt difficult to move from goal setting to delivery of services?
   What were characteristics of the situations where it felt "easy"?
   Come up with a list of approximately 4 characteristics in each category for large group discussion.

9:15 - 10:00

II. Teleconference (facilitated by Karen and Jacqui)

Group Introductions
Restate "Values/Common Ground"
Review purpose of this teleconference
Small group report on discussions
Summary - overview of things to consider as we move from theory and the developed plan, into actual practice with the family.
Give instructions for next small group (11:00 - 12:00)
Review supportive materials, describe activity
Review how the information builds from Joseph's story as used in the last session

10:00 - 11:00

III. Work in Small Group (facilitated by you)

A. Review the packet of new information on Joseph and his family. The facilitator has family information given out at the last teleconference discussing IFSP development.

B. Review ecological graph, core value forms, communication strategies

C. Assign each group **one** of the three "changes" identified by Brenda and Bob during their home visits and recorded on the Considering Core Values forms 1, 2, 3. Each participant has the forms in their packet.

Step A **15 minutes**

Each individual will take 10-15 minutes to work independently on the assigned form, Considering Core Value 1, 2, or 3. Consider the "desired change" (column 1), in light of the core values (column 2) you may have a lot of thoughts in one area and none in others, that's ok. Integrate knowledge from home visit and daily routines forms as you fill out columns 2 & 3. Record your thoughts and ideas in each column.

A few tips to help you with this task:

- Refer to the "Ecological view of services" graph to help you consider all the different aspects of the family's life. Review the information on the home visit and routines form to help you complete the Core Values Form 1, 2 or 3 as assigned.
- Consider the Communication Strategies when developing examples of partnering language to use with Joseph's family?

Step B **15 minutes**

- As a group share your ideas and thoughts

Step C **30 minutes**

- For the remaining 30 minutes, please do the following activity:

1. Divide the group in half. One group will use the "Partnering Through Daily Routines" (Form 8), the other will use the "Partnering Through Interactions" (Form 9).

2. Each group will tell how they would address the issues of change within the existing interactions and routines of Joseph's family. Refer back to the packet of information on Joseph and his family, as well as additional Daily Routine Summary Form 5 and Form 4, Conversations and Observations included in your packet

11:00-12:00

IV. Teleconference (facilitated by Karen and Jacqui)

Each small group will be asked to share their ideas about delivering services to Joseph and his family. Groups will be asked to share their responses to each of the questions

- What did we need to take into consideration?
- How did we partner with the family around this issue?
- What were the benefits and challenges of this process?
- What will we take away to try to think about?
- Difficult challenge - go over with

12:00 - 12:30

V. Small Group Discussion (facilitated by you)

A. Discuss as a group:

1. What's currently working to help you do this work?
2. What do you need as an individual team or organization?
3. Are there things you would like to change as an individual or a team member to support your work in early intervention?

B. Complete the following:

1. Share ideas from "Brainstorming" sheets.
2. Give NCR copy to facilitator if you are comfortable doing so.
3. Complete the evaluation form

AGENDA

I. 8:30 - 9:15 Small Group Discussion (facilitated by you)

Introductions
Review of teleconference agenda
Brief review of materials
Ask participants to think about a time when they, or a family member was evaluated or assessed

Discuss:

a. What made this experience more/less comfortable?
b. What allowed the real you (or family member) to be seen or understood?
c. Other insights

List insights and main points from this discussion

(Pass out "Brainstorms" sheet, and ask group members to keep it in front of them throughout the morning, jotting down any ideas for implementation as they occur to them. Let them know that you will be asking them to share these at the end of the morning

II. 9:15 - 9:45 Teleconference (facilitated by Karen and Jacqui)

Group introductions
Share insights from previous discussions
Review purpose of the teleconference
Overview of "Core Values/Common Ground"
Introduce "Key Practices"
Review discussion questions for "Key Practices"

III. 9:45 - 10:45 Small Group Discussion (facilitated by you)

Discuss Key Practices (A through E)
Guiding questions for the discussion

a. What are your thoughts about this principle?
   How does it relate to your work?
b. What is already going well in your current program that is related to this principle?
   What are specific examples of practices currently used?
c. Was there anything in the reading that helped you think about ways of enhancing this practice in your program?

List insights and examples from this discussion

IV. 10:45 - 12:00 **Teleconference (facilitated by Karen and Jacqui)**
Whole group sharing of thoughts and current practices that support points A-E (Key Practices)

V. 12:00 - 12:30 **Small Group Discussion (facilitated by you)**
Each participant should complete their "Brainstorm" sheet
Share ideas from the "Brainstorms" sheet with group members, and give you an NCR copy (please note: these do not need to be turned in if group members are reluctant to do so)
Complete teleconference evaluation form

Appendix E

Portage People

A resource publication for early interventionists

Fall, 1997 Vol. 7, No. 1

Family and Provider Relationships

In this issue we will explore the importance of relationships between families and providers. We have asked both parents and interventionists to share their thoughts about the intervention relationship and the significance of the connections that they have with one another. We hope that their stories will cause you to reflect upon your relationships with families and encourage you to explore your experiences in order to determine how relationships impact intervention.

Welcome to the fall newsletter of Portage People!

Learning and development occur within the context of the relationship between the child and care giver. The success of intervention is also linked to the relationships between the provider and the family. Kalmanson and Seligman write: "*Without a minimal working alliance with the families, interventions in whatever field, cannot be successful. This will be true for even the most simple interventions. The prescription of an antibiotic for an infant with an infection, for example, will not work unless the parents have enough confidence in their pediatric providers to administer the medication.*" (Kalmanson, B. & Seligman, S. (1992). Family-provider relationships: The basis of all interventions. *Infants and Young Children*, 4(4): 46-52.)

A Provider's Story

Several years ago, I had a relationship with a family others labeled "difficult" and "noncompliant". Our first home visit was significant for two reasons, my approach, and the

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What's Inside . . .

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Participant's Story **Page 5**

UPCOMING EVENTS **Page 7**

2

A Parent's Story

The following story is an excerpt from a conversation with a mother, as she talked about her relationships with her daughter's Birth to Three service providers.

The first program I was involved in was county and center based, before the Part H law went into effect. Back in those days, I had very little money, and two preschoolers in addition to my infant daughter. We had to borrow a car to travel to the center once a week, for a half an hour of therapy. I was very frustrated because we had gone to at least 14 doctors. At that time, my daughter did not have a diagnosis, but I knew something was very wrong. No one seemed to try to connect with me or acknowledge my feelings. My daughter's therapist gave off the attitude "Stop complaining. We don't have to serve you." When I tried to share with her what doctors were telling me, she just rolled her eyes. She confirmed with body language that I was right -- something was very wrong with my daughter -- but she didn't have the courage or honesty to say it. Going to the center was more trouble than it was worth. We moved six months later, so we stopped going. No one seemed to notice or care.

The next program was home based, and I had 2 interventionists working with my daughter. The first was a therapist, who followed her consistently until my daughter was three years old. She was my first home visitor. Now imagine this – I am new to the community with very few supports, and I am overwhelmed by my daughter's needs and disabilities. I loved her, but my fear was, who else besides me could/would love her? So when she showed enjoyment and caring when working with my daughter, I was given a gift! We felt very connected because she believed in her! I don't care how good one's clinical skills are, if an interventionist doesn't make a connection with the child, the parent won't feel good about what you are doing, and the child probably won't respond. It was helpful as well that she kept her private life to herself, and was honest without being harsh. Other qualities which enhanced our relationship were her professionalism and respectful way of interacting with us in our home. Because of our good relationship, I was more honest and open with her. She was a good fit with our family.

My experience with the other interventionist was not as helpful. She often spent our time telling me about her personal life and struggles. As a consequence, I never allowed myself to be open to her. There was minimal reciprocation. I probably always presented as being strong and capable, but I was crying on the inside. After working with my daughter for several months she began to cancel visits frequently. She always had an excuse, but I think the real reason she canceled was because my daughter was making very few gains. I sensed she felt uncomfortable and ineffective, and wasn't sure she could help her. I actually caught her in a lie about a canceled visit and brought it to the attention of the interventionist and her director. Unfortunately the director did not support me very much so I had to deal with the situation myself. I ended up "letting the interventionist go". We talked - I told her I hoped she learned her lesson that being honest can be difficult, but is always better in the long run. She apologized and said that I had taught her an important lesson. I shouldn't of had to deal with that situation on my own.

The quality of the intervention with my daughter was affected by the lack of honesty in our relationship, as well as her not believing in my daughter's potential. She is responsive to people when they are responsive to her. She often shut down with this person.

When you have a child with special needs–especially profound needs–the relationship with providers is so important. What I needed most was a little appreciation for what my life was like, a little support, and respect for my daughter and family.

This leads me to a story about a staff member taking the time to step into my world. My daughter had been ill, and needed to be held constantly for days. I did not have time to sleep, shower or care for myself, and in the midst of the chaos, I forgot to cancel my home visit (which we were supposed to do if our children were sick). So this person came knocking on my door, and here I am, feeling like a bad parent because I forgot to cancel the appointment, and me and my house were a disaster! After telling me it was okay to forget sometimes, she asked "If you had an hour to do anything you wanted, what would you do?" I answered, "Take a shower and open my mail". She said, "Go do that, I'll take care of your daughter for an hour." She truly showed appreciation for my life, saw me as a person with needs and was willing to throw away her agenda when faced with an urgent situation.

In the middle of difficulty lies opportunity.

- Albert Einstein

Another event contributing to our positive relationship was that she wanted something from me – to speak before a county board as a parent representative. There was so much power in that request! She helped me see that I had strengths and something important to give! I'll never forget how valued I felt upon hearing her request. Also the power of being part of a process that was successful in getting increased funding for the program.

Reflecting back has made me realize how important it is for providers to make a good connection with families. Providers can be incredible with children, but if they don't take the time to form a relationship with the family, they risk losing their connection to the child.

Let parents know that you are in it "for the long haul", and that you believe in both the family and the child. And when you show enjoyment being with our son or daughter, it means so much to us! We often worry that we are the only ones who will ever find pleasure in our children. And ask us, "What do you think?" We know our children better than any doctor or text book. We want to feel included and respected. My daughter continues to work with therapists, and has made tremendous strides since the early years. She recently began working with a new therapist, who pushes her farther than previous ones, and believes she can do what others think is impossible. That makes all the difference in the world–when someone shows they believe and have hope for our children. Our kids deliver.

A Home Visitor's Story

"When I was asked to write about a significant family relationship, I was reminded of the first family I ever worked with. At our first meeting, I was definitely more concerned about my *performance* and observing their son, than with building a relationship with the family. I knew it was important, but as I was new to the field, I was preoccupied with making sure I *did a good job.*

After I began feeling more comfortable in my profession, I started to feel more connected with the family. Looking back, I can see many signs that showed our relationship was getting stronger; I was told family stories and got to know other members. I felt free to ask how they were doing, they began to greet me outside, before I had a chance to get out of my car. I found myself feeling more comfortable to say what I thought, without worrying about wording it *perfectly.* We celebrated their son's accomplishments together. The more we shared, the more we built trust. This was the foundation for our relationship.

Having a good relationship enhanced the work with their son, because we felt like a team pursuing the same goal. The sharing of information about their family ways, helped me to individualize activities and strategies. We eventually became comfortable enough in our relationship to use different ways of contacting each other, and had several phone conversations between home visits to talk about new things their son was doing, or to share thoughts and ideas.

It's difficult to tease out what I did to help build the relationship, but they probably included a willingness to listen, persistence and conscious decision to follow the family's lead. I have learned from the relationship with this family, and try to apply these lessons to new families on my case load."

Free Access to MEDLINE

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A Story from a Participant in a Growing: Birth to Three Workshop

This story illustrates the power and influence of others to affect the relationship of parents and their children.

"My daughter is eleven years old now, but I remember an incident that happened to me 10 years ago when I was a new but *mature* first-time mother. It happened in the local grocery store while I was pushing my 14-month-old daughter through the produce department and talking casually to her about what we were seeing. Things like, *Look at the apples, they look so good, this is a banana, you love bananas don't you?* As we were moving slowly down the aisle an elderly woman approached me, touched my arm and said simply *you talk so nicely to your little girl.* I could feel my shoulders straighten and a smile come to my face. Someone had noticed! Someone approved of my way of mothering!

All that day, and actually all that week, I *talked so nicely* to my little girl. Ten years later, I still remember how special and competent her words made me feel and how they affected my interactions with my baby."

A Father's Point of View

"As a father of a child with special needs, I often feel overlooked by the staff of my son's program. Most of the questions are usually directed towards my wife. Maybe that's because mothers have traditionally been the ones to stay home with the kids and take care of appointments. But even the letters are addressed to her! I want to be a part of his treatment team, and feel I have something valuable to contribute. So one day, I went to the teacher and said *Hey, I have half an hour set aside each day, what can I do?* Until then I was nothing more than a shadow, now they make a point to include me in the conversations. I feel it is so important to give dad's a chance to be included in our children's sessions. Involve us - we have a lot to offer!"

A father of a son with special needs

Prenatal Care Information

Toll-free Federal/State information and referral service for prenatal care can be obtained by dialing 1-800-311-BABY (2229) from anywhere in the United States, and be connected automatically to your state maternal and child health hotline, or to one of the Healthy Start prenatal care hotlines at 22 sites nation wide. Callers will receive pregnancy and prenatal care information, and referrals to local clinics, health care providers and organizations.

Family and Provider Relationships

(continued from page one)

Tell me what you think, and I'll know your mind. Tell me what you feel, and I'll know your heart.

- English Proverb

mother's reaction. With troubling images portrayed by previous providers running through my mind, I nervously launched into a litany of assessment procedures, treatment options and scheduling details. The mother sat silently, and waited for me to finish. Then she asked a question I'll never forget: "How can you do all this stuff to me and my son, if you don't even know who we are?" She was right! How could I? Her simple, powerful question served as a catalyst for a rewarding journey towards building a relationship with this family. This relationship helped me to work in partnership with the family to determine important and appropriate service needs and provided a chance to learn about myself both professionally and personally.

The creation of a healthy working relationship with families does not occur by simply following a standardized "recipe" of steps and rules. It often happens as the provider develops empathy for what a family is experiencing, is willing to listen, without "jumping in" and offering solutions. When we sit quietly with the family's truth, listening and looking at what they choose to share, feeling honored by their willingness to allow us into their daily lives, a therapeutic alliance has begun.

The relationship between the provider and the family can support or hinder the intervention process. It offers both participants opportunities for increased self understanding, knowledge, and skill development. The relationship supports the family and provider to broaden and deepen their understanding of the child and offers an opportunity to explore with one another what it means to be the parent of that child. Just as the relationship between child and parents is the context for the child's growth and learning, so can the relationship between provider and family support the family's growth and development.

UPCOMING 1998 EVENTS . . . .

Plan now to attend one or more of the following Portage Project training workshops this fall at the CESA 5 office in Portage or at one of the regional locations of your choice. Portage Project workshops stress practical application of information and sharing of ideas among workshop participants. Highly rated by direct service staff and supervisors, these workshops offer you a chance to gain new understandings and skills in a supportive, encouraging environment. *Growing: Birth to Three workshops are designed for people who have some knowledge of child development from birth to three. Participants are responsible for all personal and travel expenses .*

Register early.....workshops are limited to 25 people!

In addition to trainings listed, Portage workshops can be arranged at your program site, for additional information call or write to:

Jean Kabele
Portage Project/CESA 5
P.O. Box 564
626 East Slifer Street
Portage, WI 53901

phone:
800-862-3725, EXT 268

TRAINING AT CESA 5 OFFICE, 626 E. Slifer St., Portage, WI

Winter/Spring 1998

February 19-20	The Home Visiting Relationship	$40
March 18-20	Growing: Birth to Three - - - An Ecological Intervention Process	$60
April 23-24	Using Video in Birth-3 Family Centered Early Intervention	$60
June 4	*Follow-up Day*	

Call us for specific information about training dates in other states, or visit our web site for updates.

GROWING BIRTH TO THREE REGIONAL TRAININGS

If you are interested in receiving further information, please return this contact form or call Jean Kabele at 800-862-3725 EXT 268. Portage Project is located in the Cooperative Educational Service Agency #5 (CESA 5) office in Portage Wisconsin.

Name _____ Agency _____ Address _____

City _____ State _____ Zip _____ ( ) Phone Number _____

Mail to: Jean Kabele, Portage Project/CESA 5, PO Box 564, 626 East Slifer Street, Portage, WI 53901

☐ I would like information about materials

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Portage Project is now on the WEB. Visit our site at:
http://www.portageproject.org

or E-mail us at: **info@portageproject.org**

Questions about mentoring?
E-mail us at: **mentor@portageproject.org**

Interested in Contributing to Our Newsletter?

We welcome your thoughts and stories about working with children and families.

Our next issue will explore:

* Building relationships between programs and families

Please send to Annette Copa, The Portage Project, 626 E. Slifer St., Portage, WI 53901. Please be sure to include a daytime telephone number.

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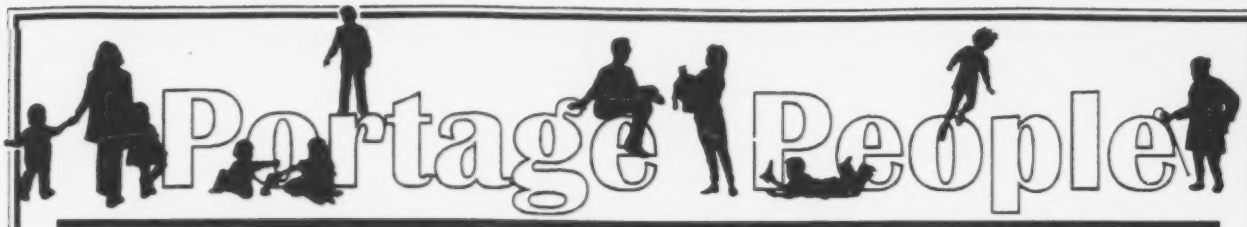

A resource publication for early interventionists

Spring, 1999 Vol. 8, No. 1

The work of the Portage Project is guided by the belief that a family's culture, environment and "way of being" together helps them organize and relate to society as a whole. Family rituals, routines, stories, and beliefs serve to illustrate aspects of a family's daily life. Family guided intervention blends into existing family routines, rather than creating disruptions or being intrusive. The daily routines and rituals provide opportunities to explore and practice new behaviors in a wide variety of situations, giving child and care giver a chance to generalize and maintain behaviors that will support functional competence throughout life. It is critical for interventionists to understand what a "typical" day looks like through the eyes and words of each family. Understanding and respecting family's routines and schedules helps build strong partnerships and increases the likelihood that suggested interventions will be sensitive to the family's social, cultural and family beliefs.

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A similar process of thinking is also important to consider when working with child care providers. As more and more children spend a significant portion of the day in a child care setting, this environment may be identified by the family as an appropriate place for intervention. Most child care programs have a sequence of events that are readily identified and will provide a picture of the child's daily activities and interactions with other children and care providers. Looking at the schedule of the child care provider supports the involvement and competence of the child care staff and does not result in undue disruptions to the general schedule of the child care program. This approach can enhance positive interactions between the child and provider. In this issue of Portage People, a family will share how their child's services in a day care setting were important for their family. We will explore different experiences that reflect successful relationships between an interventionist and a child care provider. Some questions we will consider include: How do I become involved in the routines of a child care setting in a meaningful way? How do I build a relationship with a child care provider to ensure the provider feels supported and not disrupted?

We would like to continue exploring this topic in the Fall Newsletter and invite people to call, write or e-mail their stories of successful ways to work with children and child care providers. See page seven for contact information.

A MOTHER'S STORY

As parents, we were worried the child care providers at the center would be unable to understand or implement all the things our child needed to succeed in that environment.

The transition into a day care center was made easier by our Birth to Three interventionist. She knew our child and family well and had spent time with the staff at the child care center.

From the time our daughter "Jane" was 18 months old, our family received Birth to Three services. The Birth to Three home visitor knew our daughter and our family well and took the time to understand our philosophy on learning and what works best for Jane. She observed how Jane communicated with myself, my husband and her brother, her progress with the speech therapist, and how she responded to other care givers and children in the family child care setting. When it came time for Jane to transition at the age of three, the Birth to Three home visitor was very attentive to my concerns about Jane needing to interact with peers to develop language and to build her confidence. Jane communicated well with myself, her father and her brother, but had difficulty communicating with peers. The transition into a day care center was made easier by our Birth to Three interventionist. She knew our child and family well and had spent time with the staff at the child care center. She was able to be there once a week to sit and observe the daily activities. Through this observation, she was able to help the people that worked with Jane improve their skills over time. The interventionist would write a summary after each visit which gave on-the-spot information. Our family would receive copies as well, which helped keep us informed. We were always involved and contacted on a regular basis. We had initially placed Jane's older brother at the center but in a different classroom because we wanted Jane to be more independent. This separation was hard for Jane and she spent the whole time crying. Our Birth to Three interventionist realized the real problem was being separated from her brother. Knowing our family, and the bond between the two children, was an important part of figuring out what was wrong. After the day care center switched the two into the same classroom, Jane was able to adjust and now separates easily from her brother. My son has an easier time with change. Jane is not as flexible and it's harder for her. We don't always know the pieces that make it work for her and if some aren't there she flounders. She is doing wonderfully now because of the time everyone took to find all of the right pieces to make the process successful.

A BIRTH TO THREE PROVIDER'S STORY

We had a positive experience with a large child care center in our county over one year ago, which helped create a relationship of trust. Our involvement began with a change in the child care center's administration. This provided an opportunity to begin some dialogue about who we are, who we serve, how we provide intervention, and ways to integrate service into the day care setting in a way that is helpful to parents and day care staff. Soon after we began this dialogue, a child was about to transition out of Birth to Three services and placed in their child care center. The parents requested weekly services and transitioning activities be done in the center. Everyone was invited to become involved in the planning process and the day care staff proved to be active participants. The day care staff appeared hesitant at first, but quickly became excited and challenged by the opportunity. Five or six staff observed the child in sessions at the hearing clinic or came along on home visits. They asked questions, brought up concerns and were extremely flexible. They said " Yes we will take her. Help us understand how we can make it work."

The initial questions we asked were "How can we fit into your day care and how can we be helpful to the parents?"

The day care's flexibility, cooperation and openess to our involvement was an important part of the process. I visited the center once or twice a week, sometimes just to pop my head in and say hello, other times to observe and to encourage. The transition for the child was difficult at the beginning and the staff needed to hear they were doing a good job. My role was to support them in their work with the child, so sometimes I would just watch what was happening and use my observations as a starting point for a conversation. It was important to address their strengths, as well as ask questions about parts of the day that did not appear to be flowing smoothly.

The staff were great about asking questions. I remember a situation where the staff expressed difficulty putting in the child's hearing aids. Although the teacher was frustrated, she said she knew her next step was to call one of the support people on the intervention team. Together, they discovered the hearing aid was broken which interfered with the fitting.

It is really exciting how this specific child's involvement with both programs kicked the door open for us to create a positive relationship of trust and opportunities for future learning. We hope our continued collaboration and involvement will result in all the children in the center benefitting from different learning and social experiences.

We provided developmental checklists to the staff and parents. We hope this will be an instrument to help staff and parents begin a dialogue about their child's development and appropriate expectations. It will also help make referrals to Birth to Three easier when there are concerns. We took posters, business cards and information about Birth to Three to have around the day care center so we become a household name for families.

STAFF OF A CHILD CARE CENTER SHARE THEIR EXPERIENCES

- It was helpful when the child's interventionist came to our center and included the teacher and the children in the child's class in the session. They helped explain things to the children (for example, why some children wear hearing aids) while facilitating fun activities.
- Once a child begins with us and you see all of the wonderful things that happen and how the process is going to work, it helps you feel good about what you are doing.
- Staff from a speech clinic met with us and gave suggestions on how to work with the child. We were able to take the suggestions and incorporate them into our teaching styles.
- We are all learning sign language -- even the other children! This helps us improve our communication and it's fun for the class.

- The family keeps us informed and communicates with us every week. We are involved in each step of the intervention and have formed a close relationship with both the family and the interventionist.
- When we have questions, someone is always available to talk. That helps us feel comfortable to ask for help.
- The child's interventionist came in for an hour one evening and provided information to the staff on a child's specific disability and appropriate expectations. This increased our comfort and knowledge.
- The child's interventionist tailored her services to the daily routines of our child care center, and made suggestions which fit into the child's classroom activities.

A CHILD CARE DIRECTOR'S VIEW

In the beginning, inclusion of children with different needs was a scary thing to think about. Presently, we can see how each child has added so much to our program that we can't imagine him/her not being in the program. We have grown so much from our experiences with the children here. My initial apprehension was wondering if programmatically this could be done. In our center we have fifteen different classrooms. If a child starts with us at 6 weeks of age and continues until the transition to kindergarten, there is a potential of fifteen classrooms he or she may transition through. The regulations from the state on classroom size and history of the program have determined our model for providing care to children. There is also the potential for staff turn over which frequently occurs in child care settings. With those two factors, we have learned many things. One important need is for the teachers to work together, team teach with one another's groups, and know the children in the center. The person a child goes to next cannot be a total stranger and the teacher needs to know about the child. For a child with special needs, it is important to know what helps that child in the classroom. Communication must be open and include everyone with the potential of working with that child. We ensure two to three people attend IFSP or IEP meetings in order to look at how our center fits into the goals and to communicate that with other staff. We want to make sure there is effective communication allowing the child to be fully supported. Secondly, our day

continued on next page

"A family with a child with special needs should not feel that a day care will not take their child. A day care needs to convey the message that your child can come here and we will provide for him and your family."

DIRECTOR'S VIEW

care center needed to be flexible to children's needs as they move through the program. One little girl with a special need was very unhappy when she moved to the next classroom even with a lot of preparation. We realized she was missing some of the other children in her group and asked the parents what they thought would be better. We ended up keeping her in the younger group until some of the other children could move as well and they all moved together. This time she did great and was much happier. We need to determine if a child is ready for the next step as well as the parents, peers and teachers. You have to look at the big picture and what is in the best interest of the child. Lastly, getting the support my staff needed was important. When they are responsible for eight children who are two years old, a smooth routine allows for more attention to be given to the children. Staff need time to have questions answered and information provided. Our strong collaboration with the Birth to Three program has provided opportunities for them to acquire more knowledge and integrate it into their daily teaching styles.

UPCOMING 1999 EVENTS . . . .

Plan now to attend one or more of the following Portage Project training workshops this spring at the CESA 5 office in Portage or at one of the regional locations of your choice. Portage Project workshops stress practical application of information and sharing of ideas among workshop participants. Highly rated by direct service staff and supervisors, these workshops offer you a chance to gain new understandings and skills in a supportive, encouraging environment. *Growing: Birth to Three workshops are designed for people who have some knowledge of child development from birth to three. Participants are responsible for all personal and travel expenses .*

Register early . . . workshops are limited to 25 people!

In addition to trainings listed, Portage workshops can be arranged at your program site, for additional information call or write to:

Jean Kabele
Portage Project/CESA 5
P.O. Box 564
626 East Slifer Street
Portage, WI 53901

phone:
800-862-3725, EXT 268

TRAINING AT CESA 5 OFFICE, 626 E. Slifer St., Portage, WI

Spring 1999

April 5-6, 1999	Using Video in Birth-3 Family Centered Early Intervention *Follow-up day required*	$60
April 21-23, 1999	Growing: Birth-3	$60
May 3-4, 1999	Supporting Families in Natural Environments	$40

Call us for specific information about training dates in other states, or visit our web site for updates.

GROWING BIRTH TO THREE REGIONAL TRAININGS

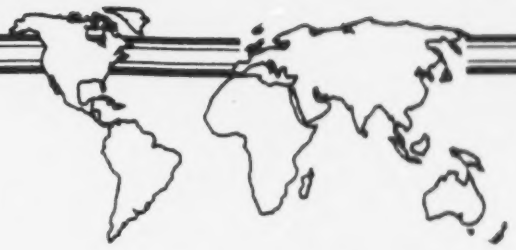
If you are interested in receiving further information, please return this contact form or call Jean Kabele at 800-862-3725 EXT 268. Portage Project is located in the Cooperative Educational Service Agency #5 (CESA 5) office in Portage Wisconsin.

Name _____ Agency _____ Address _____

City _____ State _____ Zip _____ ( ) Phone Number _____

Mail to: Jean Kabele, Portage Project/CESA 5, PO Box 564, 626 East Slifer Street, Portage, WI 53901

☐ I would like information about materials



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Portage Project web site: **http://www.portageproject.org**

Questions about mentoring?

E-mail us at: **info@portageproject.org**

Upcoming trainings at the CESA 5 office in Portage, WI:

Using Video in Birth-3 Family Centered Early Intervention
Follow-up day required
April 5-6, 1999

Growing: Birth-3
April 21-23, 1999

Supporting Families in Natural Environments
May 3-4, 1999

Graduate credit is available for the Growing: Birth to Three training. Please contact Jean Kabele at 1-800-862-3725 ext. 268 for workshop descriptions and registration information.

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The Portageforce
Portage Project
CESA 5
626 East Slifer Street
Portage, WI 53901

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Appendix F

WORKSHOP EVALUATION

Appendix F

Trainer: **Date:**
Workshop Title: **Location:**

Overall Rating: 1 2 3 4
poor **excellent**

* * * * * * * * * * * * * * * *

Rate your comfort during this workshop day: **1-2 Poor** **3-4 Excellent**

Check the box that best fits your answer	1	2	3	4
Physical comfort				
Rate of presentation				
Presenter style				
Variety of training methods used				
Psychological comfort				

How will this information affect your work?

Comment on strengths and weaknesses of this workshop

What would you suggest be done differently?

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Place an X in the column that reflects your thoughts on the following workshop content and your satisfaction with the content as presented.

	Not Important	Somewhat Important	Very Important	Satisfaction NOT 1	2	3	VERY 4
1. Exploring our important beliefs about families in order to understand what each individual interventionist brings to the relationship							
2. Exploring the concept of goodness of fit as it affects our work with families							
3. Explore and practice ways to support parent-child interactions from a strengths perspective (pink card)							
4. Using interactive communication strategies to influence patterns of interaction within families (green card)							
5. Discussing the purpose and importance of observation							
6. Exploring and practicing observation formats							
7. Exploring the importance of listening and conversations to understand caregiver thoughts and feelings							
8. Using observation and conversation to determine family goals, develop a plan, and acknowledge family expectations							
9. Using the Developmental Guide to guide caregiver-child interactions (Developmental Guidance, Previewing)							
10. Practice embedding child and family goals into daily routines and rituals							

WORKSHOP EVALUATION

Trainer: Karen Wollenburg **Date: February 17, 2000**
Workshop Title: Growing: B-3 **Position:**
Location: Phoenix, AZ **Years Experience:**

(Please circle one)	**Overall Rating:**	1 2 (1) 3(7) 4(17) **poor** **excellent**

Rate your comfort during this workshop day: **1-2 Poor** **3-4 Excellent**

Check the box that best fits your answer	**1**	**2**	**3**	**4**
Physical comfort	2	7	13	5
Rate of presentation		1	11	19
Presenter style		1	4	26
Variety of training methods used		1	7	23
Psychological comfort			9	22

How will this information affect your work?

Can be applied to family interactions

New ideas to use out in the field with different family

I could use this packet to show to my parents that I work with

Will try to re-frame questions more

My axe is sharpened and I am re-energized to continue to try to reach out to families

This workshop was really relevant and I think will help me in my observation skills and just on how to improve home visits and help me think before I act

New agency needing to adopt a program that will work well in Phoenix and interagency interaction

I feel better grounded and more focused so it will impact my work in a positive way

It helped me to know more and give me more information on my position

I am a little more knowledgeable in all aspects and a little more understanding of family situations

I will try to encourage parents to let siblings remain during sessions

I will try to understand family's needs, priorities, and approach goal setting from that venue

Implementation of natural environment for 0-3 service provision

It will effect my work daily, since I am a parent advocate and I hound PT, OT and other agencies for effective services. I make sure my consumers get their services for their needs

Good general information

It will help me think of reasons why a situation is occurring

I'll ask more questions

Assist me with observing better and asking better or more appropriate questions

In every aspect! From an individual family level to team to a systems level

Increased awareness of family needs-ways of communicating with families

I will try to take all aspects of the family before I come in and inflict my views

I will be more alert to the needs of our staff

This is my first workshop/training I've attended. My eyes have been open to many new ideas and concepts

I will apply it to my work

Help with training others

It validates my approach-it will impact all facets of my work

Unsure-hopefully improve

Comment on strengths and weaknesses of this workshop

Made me think a lot about my style and how to become better. Loved the handouts

Strength-good ideas for family interaction; Weakness-seemed repetitive each day

Presenter was good, but information and activities were too repetitious. The information could have been completed in a day and a half

A lot of strengths that can be picked up by observation and no weakness in this workshop

I like hearing of different views

I loved the way Karen was able to lead comments and keep conversation focused on appropriate issues

Was really impressed at how Karen took her knowledge and expertise and applied and hopefully helped us all look at team approach despite our different expertise

Strengths: good content, use of visual aids; Weakness: would have enjoyed a little more background information at the beginning of the workshop, i.e. speaker, agency history (Portage), her goals for the course in addition to the group's input

Very well presented and lots of good information and strategies to use

Everything was great; I just got tired of sitting because of back problems

It was very cold

Karen is so skilled in facilitating group discussion, problem solving and creative discussion

Strengths: different workers with different background instead of just early intervention program on therapist

All very good

Good way for different professions to come together and understand each other's job and how they can work together

Interesting format-Karen has a great ability to facilitate small and large group interaction and was really good at eliciting participation

Strength: great group involvement; Weakness: more of an introduction on what the program was

Strength: Karen's patience and non-bias and non-judgmental responses and leadership

Excellent experience of trainer in sharing information and presenting information organized, good handouts

Great information, a different way to think about dealing with the general public

The only weakness was the sudden coldness when air conditioning went on

Strength: we all spoke how we felt in our profession. This is key because we all gain knowledge through others; Weakness: some professionals got caught up on "titles" and therefore there was too much time spent on discussing this

I get sleepy when I sit, but I learned a lot and enjoyed it

Very good, I gained a lot from all the areas

Weakness: too confrontational participants, Karen was excellent in managing them

(A Phoenix therapist would never, probably never, drive 3-6 hours to train); rural providers from region not available for networking; Manicopa county is its own "animal"; therapist/early interventionists dominated representational population; front end service coordinators have different topics; rural early interventionists and ISCs experience lack of support, difficulties in timely connections with providers; Aetho improvement/solutions are being prioritized

What would you suggest be done differently?

Shorter course, don't drag the information out; a lot of this (most) we all are doing already in our treatments. None of the information was new

Warmer temperature and hot chocolate

Warmer room, more time to network

I enjoyed it very much; I think everything was just great

Nothing, Karen was great and it was one of the best seminars I've been to

Condense to a 2-2 ½ day workshop

Need comfortable chairs; my back hurts every evening after the sessions

All very good

More small group activities

Get Karen some new markers

List of objectives; introduction and history of program; instructor's background

At a different site

I am highly impressed with this program and especially our presenter, exceptional

Great time of the year to meet outside, why not!

Place an X in the column that reflects your thoughts on the following workshop content and your satisfaction with the content as presented.

	Not Important	Somewhat Important	Very Important	Satisfaction NOT 1	2	3	VERY 4
1. Exploring our important beliefs about families in order to understand what each individual interventionist brings to the relationship	1	2	19		2	7	16
2. Exploring the concept of goodness of fit as it affects our work with families	1	2	19			8	16
3. Explore and practice ways to support parent-child interactions from a strengths perspective (pink card)	1	2	20			6	19
4. Using interactive communication strategies to influence patterns of interaction within families (green card)	1	2	19		1	8	14
5. Discussing the purpose and importance of observation	1	2	19		1	7	18
6. Exploring and practicing observation formats	1	4	17		1	6	17
7. Exploring the importance of listening and conversations to understand caregiver thoughts and feelings	1	1	21		1	5	18
8. Using observation and conversation to determine family goals, develop a plan, and acknowledge family expectations	1	2	20		1	6	18
9. Using the Developmental Guide to guide caregiver-child interactions (Developmental Guidance, Previewing)	2	7	12			9	10
10. Practice embedding child and family goals into daily routines and rituals	1	2	20		1	6	18

Family Interview Protocol

4/21/98

Date:
Code #
Length of time family with program:

0-6 mo
6-12 mo
12-24 mo
24+ mo
Out of program for 1-2 mo

The purpose of this interview is to find out about your experiences with early intervention services. We are studying how early intervention works for families in Wisconsin. What you tell us will help us understand how early intervention is working or not working.

Finding Services

1. *What supports or services are your family currently involved with?*

   Probe areas: Early intervention services
   Financial assistance (SSI, AFDC)
   Medical services
   Family-level support (counseling, support group)

2. *How did you first become involved with the B-3 program?*
   a *Referral?*

   Probe areas: Understanding diagnosis
   Sensitivity
   Support

Program Entry

3. *What were the first contacts with B-3 like for you?*

   a *What was helpful - what wasn't helpful?*

4. *Did you have to wait long before you received services?*

5. *Was the program different than your original expectation?*

Evaluation

1a *Tell me about your child's evaluation to determine if he/she was eligible for services.*
b *How long ago was that?*
c *Who was involved and what happened?*
d *Was this a comfortable situation for your family?*
e *How was place, time of day, etc. decided?*
f *What part did you play?*
g *Were the reasons your child was able to get B-3 services clear to you?*

Plan Development

1a *Think about the Individual Family Service Plan (IFSP) that was developed for your family - explain as needed.*
b *What went on? What was your role?*
c *Where did it take place?*
d *Who was there?*
e *How did you determine what to work on?*

Probe areas: What was the parent's role?
How were family strengths and concerns discovered?

Parent Perceptions

1. *What are your concerns regarding your child?*

2. *What concerns you most about your family?*

3. *Are these things on your family plan?*

4. *Why not? Why?*

Birth to Three Services

1. *Tell me about your birth to three program. What happens?*

Probe areas: Home visit
Play Group
Parent Group
Clinic-based
Child care center visits
Hospital-clinic focused
Other therapists

2. *Tell me about your service providers: home visitor/therapist, whoever comes to your home*

Probe areas: How would you describe your home visitor or who you see in the center?
What is (s)he like?
What kind of things does (s)he do...?
Give me an example that'll help me understand what (s)he's like.

3. *How are services your family receives coordinated?*

Probe areas: Does the Birth to Three program take into account your family priorities, schedules, concerns, etc.?
If you see more than 1 person from B-3 do they coordinate with one another to serve your family?
How?
Does the Birth to Three program coordinate with other agencies that your family is involved with?

4. *If you don't like what's happening in your Birth to Three program what do you do?*

4. *Finances*

Probe areas: Does Birth to Three help you find out about financial resources?
Does your child's condition pose hardship on family finances?
Does Birth to Three help?
Are you paying for things you believe should be free?

Family Stressors

1a *What are the biggest challenges your family faces?*
b *How much attention does Birth to Three pay to these important family stressors?*
c *Do you wish they paid more or less attention?* *(Examples if appropritate)*

Supports for the Family

Support (formal and informal)

1a *Who do you count on when you're trying to deal with stressful issues about your child?*

b *Who do you count on when you're coping with family type stressor?*

Probe areas: Family
Neighbors
Church
Early intervention professionals
Other types of professionals

c *How does Birth to Three help you problem solve in those areas?*

2a *How much of a difference have early intervention services made for your child?*
b *How important are they?*

Probe areas: For your family
For your you

Suggestions for Change

1a *Are there things you would like to change about Birth to Three services? (Examples)*
b *What do you see as strengths of the program?*
c *What do you see as weaknesses of the program?*

RATINGS

1. How sensitive was the person from Birth to Three regarding your concerns about your child?

   (**1** = completely insensitive, **10** = extremely sensitive) ☐

2. How easy was it to get the services when you were first referred to the present program?

   (**1** = extremely difficult, **10** = extremely easy) ☐

3. How helpful was (your child's) last assessment?

   (**1** = totally useless, **10** = extremely helpful) ☐

4. What was the last IIFSP) intervention planning process like?

   (**1** = extremely unpleasant, **10** = extremely pleasant) ☐

5. How effective are the services (your child) and you receive?

   (**1** = totally ineffective, **10** = extremely effective) ☐

6. How helpful is your birth to three interventionist or service coordinator?

   (**1** = totally useless, **10** = extremely helpful) ☐

7. How well coordinated (working together, fitting in with your needs) are the various services you receive?

   (**1** = completely disjointed, **10** = extremely well coordinated) ☐

8. How much of a financial strain is caused by receiving early intervention services?

   (**1** = enormous strain, **10** = no extra strain) ☐

9. How stressful is it to receive early intervention services?

   (**1** = extremely stressful, **10** = not at all stressful) ☐

10. How much attention does the early intervention program pay to your family stressors?

    (**1** = no attention, **10** = extremely attentive) ☐

11. In relation to the professionals, how much control do you have over (your child's) services and goals?

    (**1** = no control, **10** = total control) ☐

Brainstorm: Ideas I want to Implement

- *As a therapist I need to look for ways of stepping back from the child and letting the parent interact*
- *Developmental Guide is a good resource for helping the parent learn about their child's development besides my own shared knowledge*
- *Remember the strategy about when does the behavior (desired outcome) already happen*
- *Use a variety of communication strategies instead of relying on a few primary ones*
- *Previewing using Developmental Guide to track child and prepare parent for next steps. Consider small steps as well as milestones-encourage those small accomplishments*
- *Ask more questions of the family and to myself before making suggestions. Understand the entire picture rather than making assumptions about it or not considering other elements. Think outside my own personal "bubble"*
- *To use the communication strategies offer a variety of difficult techniques to use with our families*
- *Information shared with partnering language-how important question; task of infancy (0-6 months)*
- *Ecologically thinking: are we staying balanced?; previewing; cost/benefits; questions; what does the family want?; highlight situation and how 5 people can view the same thing totally differently then discuss similarities and differences; Ghost in the Nursery-stories read and helping to understand a psychoanalytic approach to the problems of impaired infant-mother relationship; Exploring situations: seeing, hearing, strengths, questions, interpretation, what is my role as an interventionist?*
- *How to encourage the parent to really sit down with children in a chaotic environment*
- *Creative ways to use the curriculum; integrating all this new curriculum with our already existing curriculum; ask questions*
- *Find out what my co-workers got out of their training in the other class*
- *Review this sheet with co-workers/supervisor; use Growing Pack for training; develop form to leave with families after home visits, plan for next visit; always ask in video reviews-what was the spark?; use "Observation and Conversation Summary" to help document and then*

plan. Circle developmental skills to section in Developmental Guide

- *What is it like to parent this child? Ask families, especially those where the child is turning 3 and preparing to transition to Head Start*
- *Would like to leave a contact log with families. Call Nives regarding hearing exam for Juanito*
- *Routine sheet looks like something I might want to use with families; I think I would like to use these forms during Early Head Start video review*
- *Use of goals in connection with the Developmental Guide; Tasks of infancy-trust/security, attachment, communication, self regulation, individuation starts, exploration of environment, motivation*
- *Review the Building & Sustaining Relationship; question-about having a copy of the video in Early Head Start possession; need to develop a log sheet to leave with family about home program/suggestions*
- *Routine sheet, we need something similar to help embedding goals (strengths, concerns, questions); what's happening at your house-daily routines; embed goals within already existing daily routines/motivations*
- *Use partnering language with parents (communication strategies); look for "SPARKS"; find what's going well-mutual capacities of mom/child*
- *In using partnering language-WAITING is one of the most difficult, but very empowering to parent; listen: pull yourself out and focus on family; cost/benefits-turn judgements into questions*
- *Ask the right questions to find out what is really going on...explore; embed into routines as they exist in the family; who's priority is it? Your issue or their issue?; when does the behavior (desired outcome) already happen?*
- *Observe more and find "The SPARK" between parent and child; use more partnering language; let family guide the visit and plan*
- *Family bused therapy; wait and let family make decision; ask questions*
- *Embedding strategies into already existing routines; use what is already happening and embellish; think more ecologically*
- *Help families build/maintain independent support (extended family, friends), don't assume that your family view is theirs; NCR forms to leave with families-maintain integrity of case notes-represents family/FSS partnership with signatures of both and input of both; use guides*

based on 6 months below child's age so that some successes/positives can be seen (with disabilities, go back 6-18 months); partnering language-give parents the reins of partnership

- *Maintain triangle of flow-home visitor>family>child (focus on parent/family to focus on child); home visitor as seed planter-family must decide to utilize information themselves; think ecologically-beyond the box; use Developmental Guide as a "dialogue tool"; every family has its own unique culture; utilize your TEAM; look for unordinary routines; Question: costs/benefits, act towards most benefit; tasks of infancy (big ones): trust communication (response driven), self regulation, attachment, bonding, individuation (idea of self/others), exploration and motivation (caregiver is link to all this); stepping back as intervention*

- *Using communication strategies more often; positive partnering language-it is nice to see how much I already use and to keep it going in my job*

- *Remembering the triangle-it is hard with the most difficult families; using the Developmental Guide, Form 516 children with delays will benefit from these forms*

- *Using Portage in our team, using it more often on home visits, especially with challenging families*

- *Conversation starters form; child development activities*

- *Ask about child development for every family during supervision; use forms #5 & #6 in supervision for planning for PCR and focus intervention*

- *Explore some ways to use Portage concepts during Team meetings; what about when an FSS is "stuck" with a "stuck" family?; find ways to strengthen bend/flow to achieve PCR*

- *What messages from your own experiences impact you the most during your home visits?; what was the spark during that visit?; remembering parallel process regarding supervisor and interventionist and interventionist and family/child-divinity of role; thinking about the costs/benefits of addressing issues between families and FSS and FSS and supervisor*

- *Being on time really is a big issue of respect and is an essential part of the parallel process between all parties; it is important to utilize reflection as a tool to remain supportive in these non-human relationships-particularly the more challenging ones; be aware of the "previews" we are seeing in families-identify these on visits, as a supervisor ask FSS what they are seeing with previews, how to encourage these*

- *Help to find or identify routines embedded or already in place, both with families and team; focus more on tasks of infancy as opposed to developmental milestones as goals*

Job Title_____
Year's Experience_____

Date: **May 17, 1999**
Personal Symbol

PRE WORKSHOP VIDEO REVIEW

Flagstaff, AZ Karen & Elizabeth

Please record the date and create a personal symbol in the box. You will use the symbol again on a post video review after the three day workshop so please remember your symbol.

View the three minute video of a parent and child. Record a minimum of five observations.

Mom ignored younger child until he joined older child and her in their "pretend play"; little boy amused himself well, stacked cups, put blocks in and out of containers; young boy was allowed to "do his own thing" so far as his imaginative "tea party" was concerned; background noisy (distracting); there was very little verbal interaction

Child using pincer grasp to take out; stacking cups, one to two; interaction with brother and sister; mom on the floor at the child's level; toys at child's level and ready for him to play

Mom on floor at kids level; noise, tv, nobody attending to it, if this is a soundtrack its annoying; mom not moving much but interacting; verbal reinforcements; appeared to be child initiated games, mom joined in and expanded

Music is playing too loud; mom is pretending to eat and drink tea out of a cup. "Do you want sugar?", "Good Boy", "You make good tea", "Mmmmmm good"; two children-3 & 2?; youngster pretends to drink tea, mom reinforces "good boy"; child 2 years old drops blocks into the cup, brings out; tries to put large cup into small, doesn't fit, then puts smaller into the larger; "oh oh"; Mom-"We've got to wash dishes now"; mom joins 2 year old, models putting cups into one another then stacks them, boy knocks them over and mom laughs. Conclusions: mom facilitating and participating in play of two young children ages 2 & 3?; mom asks questions and responds to child's initiation; mom also models play as well as how to use the blocks; mom reinforces with verbal comments like "Good boy"; mom is on the floor at eye level with children

Sharing; good asking; mom participating; mom on floor; boy plays a lot on his own; boy appearing to stack; mom joins to help him; lots of hands on play; lots of one on one play; happy music in background

Adult "tea party" with child, child leads activities, adult role playing, adult praising child; toddler allowed to play in his own way (own interpretation of a tea party); adult suggestions, "wash dishes now"; activity mainly child directed but some directions from adult

Mom interactive in pretend play (tea party); mom sits on floor, makes kids come to her at first; mom teaches son to stack cups; mom plays mostly with daughter first, then gets up to play with son; kids are enjoying activities and sharing

Very busy or active; not much language-"oh oh"; child did follow directions; mom praises child very frequently, "excellent"; good at entertaining self-fine motor good

Tea party-mom on floor with kids; boy imitates and follows some directions from sister and mom, doesn't put in; boy verbalizes "oh oh"; boy walks, sits, scoots; boy persistent with nesting cups; mom followed boy's lead with nesting cups; mom asked for verbalizations but did not "demand" it

Mom is allowing children to be self directed; mom is very relaxed; modeling but few verbal cues; allows various activities and doesn't try to help children "or teach"

Mom uses very little descriptive language in beginning when kids give her things; kids don't use a lot of language; boy appears to have some motor delays; interactions don't seem to reflect a good connection between parent and child; mom is passive, children are trying to connect-very persistent; seem to be looking for feedback; mom uses reinforcements, "Good Boy" a few times without describing what was good

Mother interacted with children, sat so eye contact was achieved; boy put cups in inverted stack; little girl was learning socialization, playing "tea party"; music stimulation for children

Teacher/adult at or below child's level; calm, nonjudgmental, interacts quickly, very little physical interaction or interference, all verbal; minimal but positive comments, she let's child explore; experiment the models for him, "no, do it this way"; home environment was cozy, clean and neat

Mother is very relaxed and natural with her children; interacted equally across both children; father in room?; for the most part, with some exceptions, followed each child's lead; both children seemed appropriately attached to adult, moving away to play independently; mother could have modeled more language for the younger child

The adult was role modeling and the children were following her model without being asked to participate; the children were able to find activities they enjoyed and were allowed the opportunity to make mistakes and then the adult was available and was role modeling the correct way to play; there were no questions asked during play, they were allowing for real conversation; the environment was very calm and relaxed; without asking the children to participate the two children were engaging in play together

Mother interacted and played with the children with the tea party, came over to show stacking; sibling related, sister pouring tea for brother; little boy using cups to stack, more difficulty to stack; mom on floor at child's level, not towering above them; child friendly toys; good praise from mom, "Your sister makes good tea"; relaxed and positive attitude

Mom minimal initiating language but reinforcing and imitating actions of child; little eye contact with child and mom, yet children appear comfortable; language of mom lacking a lot of expression, but activity was focused, not mom's content of situation

In living room; mother is holding container while young girl "pours", appears to be having a tea party; mother sitting on floor; boy is approximately 2 ½ years old, girl is approximately 5 years old; men's voice in background; boy pretends to drink tea, boy has reddish blonde hair; gross motor skills okay, able to pull small cup out of bigger cup; tries to put smaller cup into big cup, but can't because he is trying through the solid bottom; mom shows child how to stack cups with some difficulty; music in background, happy music; poor lighting

They played tea party; mother helped son with cup/blocks; young children, boy 3, girl 4; the music was video game sound; not much talking with children, parent to child, child to child

Mom not actively involved, talks give some words; boy uses few words "oh oh"; nested cups, walks, pretend plays; sits, stands independently (clumsy?); imitates; girl, verbal imitated play and initiates; walks, grabs objects, poured imaginary; seemed to wait for mom

Mom and daughter pretend playing; praising the son; praising the daughter; son imitating older sister; good eye-hand coordination; good fine motor skills; imaginative play; one on one interaction with both children; using language to speak with children; quality time with kids without television; seemed like a relaxing "family time" day

Pretend play-good interaction; both kids sharing; boy maybe got bored with tea party and went off to play stacking cups; mom came over and started to play with him; she gave attention to both kids; I heard verbal praises

Parent was very involved with children's play; parent supported child's imagination; children participated equally in creative play; children were self

directed and allowed to be creative; child was encouraged to play and copy tower of blocks after parent demonstrated

Mom is interacting with her children, encouraging play; playing with her children, showing how to play together, share

Strengths: mother changed activities to follow child's lead; mother modeled appropriate functions of items and demonstrated play; sibling demonstrated play skills and involved younger child; younger child enjoyed fine motor activities and was interactive imitated
Needs: many mother-child interactions were very directive; mother's praise was directed at the nature of the child "good boy" rather than nature of the activity

Interaction between mom, sister, brother, playing together, sharing interaction; play experience, pretending with toys; boy did not verbally communicate except when by himself, (said "oh oh"); mom appeared to lead interaction between children more than children leading interaction; mom appeared to enjoy interaction

Mom sitting on the floor; relaxed; laughing; expanding language and play; giving the play importance; children can come and go; mom not directing play

Mom on floor with kids; they are engaged in dramatic play; mom laughing with a male outside of picture, enjoying the moment; girl driving interaction but allowing boy to play too; encouraging him to follow play that's been set up; boy sharing a lot of persistence with stacking toys

Mom had a dramatic play sequence; interacted more with the girl; mom could have describe the children's actions more; hand over hand could have used; the little boy seemed to be having problems with motor and speech difficulties

Siblings involved; imitation simple; short, simple sentences/not much talking; following child's lead; music, does it work for child

Mom engaged in play; reinforcement "good job"; gesture interaction, verbal with children; play encouraged, skill building, stacking blocks & cups, counting sugar cubes; play helped to develop imagination; gave both children attention

The mother has placed herself eye level on the floor with her children, this makes her available but not intrusive in the play that is taking place; a pretend play of drinking tea is occurring and the mother is able to allow each child to play at their developmental level; the sister is very involved with the symbolic play of making and serving tea; the little brother plays with the materials in a more spatial way. He is more interested in stacking the blocks of sugar because of his spatial interest; mother supports play by giving positive acknowledgment, "Your sister makes good tea", also with other comments; she also supports the play through suggestion, imitation and expansion of play

Job Title_____
Year's Experience_____

Date: **May 19, 1999**
Personal Symbol

POST WORKSHOP VIDEO REVIEW

Flagstaff, AZ Karen and Elizabeth

Please record the date and put your personal symbol in the box. View the three minute video of a parent and child. Record a minimum of five observations.

Kids imitate each other; toddler-good attention to activity; mother-calm observer, results to approaches by kids; mom praises efforts of toddler to stack toys she modeled

Attention given by mother, "Good boy", "You make good tea"; space is open and mother is positioned to be available for play and toys appear age appropriate; mother models and child imitates drinking tea; she supports expanded play, encourages each child to "put sugar in the tea"; the little boy can separate to play and returns for support from the mother when he needs it

Nice interaction between sister and brother, turn taking, sharing; mom and kids imitative play very nice; mom calming and pacing with children in temperament; mom reinforcing-joyful, laughing in response to things children do; mom follows the lead of child, demonstrating, inviting

Mom was engaging in very appropriate play; sibling play was encouraged in a group activity; the parent was able to hold the attention of both children on the same activity for an extended period of time; sharing was encouraged; nice verbal praise; a very rewarding environment; various materials/toys are available for the children; the environment was very relaxed and calm; the process of play/activities were encouraged in a very subtle way

Mom encourages cooperative play with two kids by engaging both; mom engaged having fun with kids; mom demonstrates "we're having fun" with kids by laughing; children sustain tea party game for length of video; mom uses lilting, appealing voice to engage Justin in game; children drive play; there was a spark between mom and son; mom said "Good boy" in a high voice; sharing by both sister and brother; the boy quick to change activities; mom shows son he is flawless

Good pretend play with tea party (with both kids); happy family, mom gave verbal praises; good interactions; mom gave some directions, kids followed; mom giving attention to both kids individually, tea party and stacking cups

Imitative/imaginative play; eye contact; verbal questioning, expansion, new ideas with some toys; mom enjoyment of play, laughing with kids; developmental appropriate toys; verbal interaction by dad; verbal praise; siblings playing together-calmly interacting; boy-motor skills okay, girl-motor and language okay; mom moved to play with boy

Eye contact imitation was possible; mother incorporating sister; natural play scheme; child extended play-cup to plates; child good problem solving; mother joined child following his lead; child accepted this joint play

Mom: at child's physical level; demonstrated appropriate play skills; praised child; laughed, appeared to enjoy playing with child; changed activities to follow child's lead;
Child: moved independently around room; initiated interaction with multiple people with multiple activities; kept attention to activities for appropriate amount of time; interested in interaction; seemed to turn take well

Mother follows child's lead; frames language at appropriate level for child; positive facial expressions, mother and children enjoying interaction; turn taking between mother and children; mother involves both children in interaction; boy imitates actions of mother and sister;
Questions: Typical interaction between mother and children? Typical attention level of boy? Language/communication-does boy use signs, VDSc, words, etc.?

Mom is on the same level with kids; all are playing together; verbal reinforcement; sister is very helpful; mom models

Mom comfortable, interacted freely with both children; reinforced behavior, encouraged imitation, environment-sufficient space; children interacted with one another; encouraged communication, "Want some more tea"; child felt free to move to another section of the room; mom repositioned to interact with child, modeled play behavior

Mom plays at children's level; mom allows children their own agenda; praise of imaginary tea; simple language; laughter and praise for simple tasks; child laughs and "glow" at praise; include siblings as a team, "Your sister makes good tea"; makes play real to mirror real life occurrences while also teaching, i.e. "two lumps of sugar, might be too sweet", etc.; good nesting of cups by brother; sets sister at one task while going to assist/teach brother; demonstration for child then encourages "re-play"; laughter and happiness with his efforts or "silly play"

Children come to mom; children seek direction; children interact together; mom gives individual attention to both; mom talks to and uses direct eye contact; mom provides positive reinforcement to both children; mom encourages imaginative play; counts sugar cubes with children; boy stacks nesting toys; mom demonstrates how to stack

Music pretty lively for quiet work setting; mom at their level; mom calm, allows freedom of choice environment; mom non directive, not unnecessarily verbal; interaction, not over controlling through physical or verbal interaction; positive comments in appropriate moments; all together in small area, lots of intervention; able to work together with respect and allowance; gentle instruction given at appropriate times; appropriate toys and work space for age; let them experiment with some direction given

Mom is at child's level; mom does a good job of including both children; I wonder what would happen if mom expanded the pretend play?; the boy imitates mom and sister; boy is stacking cups; he stays at task for a good amount of time

Family tea party-good interaction between mom and both kids; turn taking; sharing; some imitative verbalizations; mom allowed son to change from activity when he tired of it; rejoined him in his choice of activity later

Mother using language reflecting what children say; children had good attention span for task; sibs worked cooperatively; mom joined in son's play, demonstrated fine motor skills; used humor to encourage continued play

Mom: taking turns, giving praise, describing play, pace modeled to children; including both children; enjoying play; expands play; allows children to come and go; follows children's lead
Daughter: pretend play; initiating; extended play; sequence
Environment: room to play; appropriate toys
Son: imitating; joining in play; laughing; "oh oh", in and out play

Mom attending to both kids and acknowledging their needs/wants; children are self directed in their play; children are encouraged by mom (verbal and non-verbal); younger child appropriately imitated mom's modeling; children interacted well together, engaged each other and mom; mom praised accomplishments; mom took a positive role in children's play

Mom responds to pretend sequence of drinking tea; child imitates, mom follows, then mom initiates and child follows; mom models language "Do you want sugar?"; environment includes varied, appropriate toys and materials; sparks between mom and little boy when mom laughed, then daughter laughed; mom observes what little boy is doing with nesting cups, then models new way of stacking them, says "oh oh"; little boy moves in and out of pretend play, developmentally appropriate

Mom playing with the two children encouraging; engaging make believe; children learn from playing and sharing; the little boy is able to play with sister and can play alone; the little boy has balance

Appendix G

Historical Review of Project Impact

NATIONAL

1973 - 1976 The Office of Child Development/Bureau for the Education of the Handicapped (BEH) awarded a collaborative grant to the Portage Project, Central Wisconsin Community Action Council, and Dane County Head Start to provide training and technical assistance to twenty-three Head Start centers in Region V in procedures for carrying out a home-based program for children at risk of developmental delay.

1975 - 1982 The Office of Child Development, now the Administration for Children, Youth and Families (ACYF) awarded to the Portage Project a grant to establish one of the five Home Start Training Centers in the country. The center, working in Region V, provided training and developed and disseminated materials in how to plan, develop, initiate and evaluate the Head Start home-based option.

1975 - 1978 The Research Projects Branch of BEH awarded a research grant to the Portage Project to study the impact of a home-based intervention model on the child-rearing practices and teaching skills of parents and to develop new procedures and materials to enhance the acquisition and generalization of those skills taught.

1979 - 1981 U.S. Office of Education, under the Media Services and Caption Film Program, awarded the Portage Project a grant to adapt the *Portage Parent Program* into twenty filmstrips to be used with parents in either group or individual work.

1979 - 1983 Head Start Region V and the National Office of ACYF contracted with Portage Project to develop and implement a training program for Head Start administrators and teachers, and to develop and field test a manual designed to facilitate provision of services to children with disabilities within Head Start.

1985 - 1987 The U.S. Office of Health and Human Services awarded the Portage Project a grant to teach protective behaviors to 85,000 children in 96 school districts in rural Wisconsin. The goals of this program were:

- to prevent child physical and sexual abuse by providing training on protective behaviors to children in kindergarten through sixth grade
- to demonstrate a collaborative effort among agencies to prevent child abuse
- to document the progress of the program so that it can be replicated by other agencies throughout the state of Wisconsin and by other intermediate school districts across the country

1986 - 1988 The U.S. Office of Health and Human Services awarded a grant to the Portage Project, entitled Tapping Comprehensive Resources for Teenage Parents. This project provided needed services to prevent child abuse. The target population of this project was unwed teenage mothers who were at risk. The project had two major components: a parent support aide component and an education/socialization group component.

1985 - 1986 ACYF and the Regional Office granted funds to the Portage Project to develop *The Head Start Home Visitor Handbook*. Project staff worked with Home Start Training Centers and home-based programs across the country to compile a handbook that contained the "best practices" in the home-based option.

1984 - 1987 The Teacher Preparation Department of OSERS awarded a joint grant to the Greater Minneapolis Day Care Association and the Portage Project to develop training materials to train child care workers to care for children with special needs. This project had four objectives:

- to develop a competency skill inventory for child care providers caring for children with special needs
- to develop and publish training content and materials based on the skills identified in the competency inventory
- to develop a training model which is cost effective and easily implemented
- to evaluate the effectiveness of the training model in improving the quality of care for young children with disabilities

1986 - 1987 ACYF and the Region V office funded The Head Start Home-Based Support Project at the Portage Project. The purpose of this grant was to provide training and technical assistance to Head Start programs in the implementation of high quality home-based options. Project staff:

- provided intensive workshops for new and experienced coordinators and home visitor staff throughout the 6 state region
- developed a resource directory of exemplary programs, practices, and materials prepared by Head Start home-based programs in the region
- developed state home-based consortia to facilitate the sharing of problems and successful solutions among programs in each of the states in Region V

1986 The Region V office provided the Portage Project with funds to develop customized reports based on regional PIR information. Project staff met with regional office staff and a group of Head Start directors to develop useful report formats that could assist state associations and local programs in program planning. The reports take mainframe data, translate information to a developed microcomputer application program and develop state and individual program profiles on critical indicators.

1986 - 1989 Linking Infants and Families Together (Project LIFT) was a three-year project funded by OSERS as a demonstration project. Aimed at developing, implementing, and disseminating a model of comprehensive and responsive services, it was designed to meet the intense needs of infants and toddlers with severe/multiple disabilities or severe chronic illness and the diverse needs of their families in rural south central Wisconsin.

1988 - 1989 Home-Based Support Project - Region V Administration for Children, Youth and Families funded the Project to develop and disseminate the Home-Based Supervision Guide. This manual was developed and disseminated to all home-based Head Start programs in Region V.

1989 - 1991 Needs Assessment - The Bureau of Indian Affairs contracted the Project to assess the status of services to children between birth and six in BIA reservation school areas. The assessment identified areas of service strength and gaps.

1991 - 1995 Head Start Transition - Through a subcontract with Central Wisconsin Head Start, Renewal Unlimited, the Portage Project is participating in a national project funded by the Administration for Children and Families to provide continuing family support and developmentally appropriate programs for children in kindergarten through third grade. This project is being implemented in four school districts in Wisconsin.

1991 -1995 Even Start - The Department of Education funded the Project to develop Even Start programs for five school districts. Home-based and center-based experiences promote family literacy, parenting and child development.

1994 - 1995 Air Force Child Development - Training of child care providers on 50 Air Force bases to support inclusion of children with disabilities

STATE AND LOCAL

1973 - 1981 The Head Start Child and Family Development Center (CFDC) of the Milwaukee County Community Relations-Social Development Commission contracted with the Portage Project to implement a home-based program in Milwaukee. The program, called Operation Success, served as a demonstration site for Head Start programs in HEW Region V, and Indian-Migrant Program Development (IMPD).

1975 - 1981 CFDC contracted with Portage Project to implement, in addition to the home-based project, a classroom program which would integrate children with disabilities with typically developing Head Start children in a model demonstration program for other Head Start programs to observe.

1984 The Wisconsin Governor's Children's Trust Fund awarded a grant to the Portage Project to develop a protective behaviors program for school districts in Columbia County.

1989 - 1991 The Wisconsin Department of Health and Social Services funded the Project to develop Demonstration Learning Sites, a system of community coordination and service delivery for young children with special needs. Local Coordinating Councils have developed Child Find activities, parent support groups, local parent newsletters and service coordination through support from the Learning Sites Project.

1989 - 1991 Parent Involvement - The Wisconsin Council on Developmental Disabilities funded the Portage Project to develop teacher training materials to enhance the skills of teachers in working with parents. The second phase of the project expanded these training materials through video tapes.

1992 Project CIPP is designed and delivered by parents of children with disabilities to promote *Communication Involves Parents and Professionals*. This project is funded by the state Department of Public Instruction.

INTERNATIONAL

1976 Peru - USAID funded the Portage Project to set up non-formal early education programs in collaboration with the Ministry of Education of Peru and the National Institute of Educational Research and Development. This 3-year project, established in 6 urban and rural sites using community workers as interventionists, had expanded to 1500 sites at last count or by 1987.

1979 Puerto-Rico - The Portage Project staff conducted parent seminars for over 400 parents and educators at six locations during a two-week period.

1979 Dominican Republic - Portage Project staff assisted personnel of the Centro di Rehabilitacion to set up a 1-year, 3-phase pilot program for home-based programming. A followup visit in 1980 found a sound program in place.

1980 India - Professors in India have been working with the Portage Model and methodology since the early 1980s. The Portage Project is currently entering a four-year project to establish and provide on-going training and support to programs at two sites. Participants from India are planning to visit Portage, Wisconsin and staff will visit India to learn more about the specific concerns and goals of that program.

1980 Panama/Guatemala - USAID contacted Portage Project staff to meet with AID and education staff in these 2 countries to assess the feasibility of instituting early childhood, parent and child development centers.

1982 El Salvador - USAID sponsored Portage staff to do one week of training. Additionally, Portage Project staff compiled for USAID a proposal to work with incoming refugee population

1982 Venezuela - Portage Project staff served as consultants regarding early intervention programs and teacher training.

1984 Japan - The Portage Project has worked with Japanese educators to establish Portage programs in Japan. Regular exchanges between our countries have occurred since that time.

1985 China - A three-week intensive training and lecture series sponsored by UNICEF was provided for medical personnel in Canton. Additionally, a delegation of 10 Chinese educators and professionals attended the Third International Portage Conference and subsequent intensive training (1990).

1986 Taiwan - The Portage Project has conducted two intensive workshops in Taiwan to support early intervention programs. A Taiwanese foundation has translated and made available for purchase both pre-school curriculums.

1987 The United Kingdom - A series of training workshops and exchanges in England and Wales has led to country-wide adoption of the Portage Model and the creation of the National Portage Association, 400 members and growing.